2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000028334

1. Entity Name
TWIN DISC SOUTHEAST, INC.

Principal Place of Business	Mailing Address
8226 PHILLIPS HIGHWAY BUILDING 100, SUITE 5 JACKSONVILLE, FL 32256	8226 PHILLIPS HIGHWAY BUILDING 100, SUITE 5 JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0402694
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BATTEN, M. E
STREET ADDRESS	1328 RACINE ST.
CITY-ST-ZIP	RACINE, WI
TITLE	PD
NAME	JOYCE, M . H
STREET ADDRESS	1328 RACINE ST.
CITY-ST-ZIP	RACINE, WI
TITLE	D
NAME	FABRY, H C
STREET ADDRESS	1328 RACINE STREET
CITY-ST-ZIP	RACINE, WI
TITLE	SD
NAME	TIMM, F.H.
STREET ADDRESS	1328 RACINE ST.
CITY-ST-ZIP	RACINE, WI 53403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/05-80089-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL JOYCE APRIL 26, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #