

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P93000028334**

1. Entity Name  
TWIN DISC SOUTHEAST, INC.



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

Mailing Address  
8226 PHILLIPS HIGHWAY  
BUILDING 100, SUITE 5  
JACKSONVILLE, FL 32256



03072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0402694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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, 2008 Fee will be \$550.00**

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

DATE  
04/17/08-80005-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BATTEN, M. E 1328 RACINE ST. RACINE, WI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KNUTSON, JEFFREY S 1328 RACINE ST. RACINE, WI 53403
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FABRY, H C 1328 RACINE STREET RACINE, WI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T EPERJESY, CHRISTOPHER 1328 RACINE ST RACINE, WI 53403
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-08  
Date

262-638-4242  
Daytime Phone #