


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000082946</b> 1. Entity Name <b>ACCURATE AUTOMOTIVE MACHINE AND PARTS CO.</b>	
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Principal Place of Business <b>12426 RAMFIS ROAD HUDSON, FL 34667</b>	Mailing Address <b>12426 RAMFIS ROAD HUDSON, FL 34667</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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03052005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3283074</b>	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  <b>JOHNSON, KENNETH L 12426 RAMFIS RD HUDSON, FL 34667</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

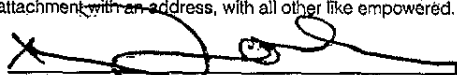

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, KENNETH L 6616 SEAVIEW BLVD. HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MARGARET C 6616 SEAVIEW BLVD. HUDSON, FL 34667
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03/10/05-80004-014 150.00

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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)(f), 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:**  **KENNETH JOHNSON**   
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #