

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000031837

1. Entity Name  
MECHANICAL ANALYSIS & RESOURCE, INC.



**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business: 400 NORTH ST.  
#152  
LONGWOOD, FL 32750 US

Mailing Address: 400 NORTH ST.  
#152  
LONGWOOD, FL 32750 US



04262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3235024 Applied For Not Applicable

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

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

ZALEWSKI, PETER  
400 NORTH ST.  
#192  
LONGWOOD, FL 32750

**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)

DATE

**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

000000344852  
04/30/05-80017-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ZALEWSKI, PETER
STREET ADDRESS	400 NORTH ST. #152
CITY-ST-ZIP	LONGWOOD, FL
TITLE	D
NAME	ZALEWSKI, RUTH
STREET ADDRESS	400 NORTH ST. #152
CITY-ST-ZIP	LONGWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: *Peter Zalewski* PETER ZALEWSKI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 407339961  
Date Daytime Phone #