

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000033509

1. Entity Name
FLORIDA PROCESSING MACHINERY, INC.



Principal Place of Business
**2920 PARKWAY STREET
LAKELAND, FL 33811 US**

Mailing Address
**2920 PARKWAY STREET
LAKELAND, FL 33811 US**



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3243300

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, MICHAEL E
2920 PARKWAY STREET
LAKELAND, FL 33811**

**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 Agents signature required when revoting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution, ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MILLER, MICHAEL E. 941 ALLERGO LANE APOLLO BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HARVEY, DOZIER J. 11322 WALTER HUNTER RD. LITHIA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FULKS, ROBERT P 2102 E SANDALWOOD DRIVE NORTH PLANT CITY, FL 33566 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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02/11/04-80036-002 150.00

**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: Robert P. Fulks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert P. Fulks

2/4/04 863/
701-1943
Date Daytime Phone #