*Reinstatement*

# 2006 FOR PROFIT CORPORATION
~~ANNUAL REPORT~~

**DOCUMENT # P97000051783**

**1.** Entity Name
A & A AUTOMOTIVE MACHINING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 32 NE 8TH STREET | 32 NE 8TH STREET |
| OCALA, FL 34470  US | OCALA, FL 34470  US |

## DO NOT WRITE IN THIS SPACE

05302006    No Chg-P    CR2E034 (11/05)

| 4. FEI Number | | Applied For |
|---|---|---|
| 59-3455606 | | Not Applicable |

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

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

BULLARD, J. WARREN
121 N.W. THIRD STREET
OCALA, FL 34475

## 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)

10/31/06
DATE

**FILE NOW!!! FEE IS $550.00**
**Due by September 6, 2006**

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

**10.**                 OFFICERS AND DIRECTORS

| TITLE | PD |
|---|---|
| NAME | NIX, ROBERT C |
| STREET ADDRESS | 32 NE 8TH STREEET |
| CITY-ST-ZIP | OCALA, FL  34470 |

| TITLE | VPST |
|---|---|
| NAME | NIX, HILDA H |
| STREET ADDRESS | 32 NE 8TH STREEET |
| CITY-ST-ZIP | OCALA, FL  34470 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

800080189159
09/26/06--01068--010  **$550.00

800080189159
11/08/06--01027--015  **200.00

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REINSTATEMENT 06

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: _____ Hilda H. Nix, VP  9/25/06  732-2610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #