

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000082390					
1. Entity Name A&S MACHINED PARTS, INC.					
Principal Place of Business 1007 FLOOD RD FT. PIERCE FL 34982 US		Mailing Address 1007 FLOOD RD FT. PIERCE FL 34982 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 65-0784747	
Zip	Country	Zip	Country	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REDCLIFF, STANTON L. 1007 FLOOD RD FT. PIERCE FL 34982			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CT	<input type="checkbox"/> Delete	TITLE	U00000229067 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/14/05-80065-003 150.00	
NAME	REDCLIFF, STANTON L.		NAME		
STREET ADDRESS	1007 FLOOD RD		STREET ADDRESS		
CITY - ST - ZIP	FT. PIERCE FL 34982		CITY - ST - ZIP		
TITLE	VCS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REDCLIFF, BEATRICE A.		NAME		
STREET ADDRESS	1007 FLOOD RD		STREET ADDRESS		
CITY - ST - ZIP	FT. PIERCE FL 34982		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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: *Stanton L Redcliff* STANTON L Redcliff 2-11-05 772-468-7711
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #