

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90050 050 ***150.00

DOCUMENT # P99000047687 1. Entity Name ASCENT PRECISION GEAR CORPORATION					
Principal Place of Business 11716 102ND TERR. LIVE OAK, FL 32060			Mailing Address P.O. BOX 1504 LIVE OAK, FL 32064		
2. Principal Place of Business - No P.O. Box # 12180 SE C.R. 137 Suite, Apt. #, etc.		3. Mailing Address 12180 SE C.R. 137 Suite, Apt. #, etc.			
City & State JASPER FL.		City & State JASPER FL.		4. FEI Number 59-3580642	
Zip 32052		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURRAY, CHARLES E 11716 102ND TERR. LIVE OAK, FL 32060				7. Name and Address of New Registered Agent Name MURRAY, CHARLES E. Street Address (P.O. Box Number is Not Acceptable) 12180 SE C.R. 137 City JASPER FL Zip Code 32052	
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, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete MURRAY, CHARLES E P.O. BOX 1504 N/A LIVE OAK, FL 32064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 12180 SE C.R. 137 JASPER, FL. 32052	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete MURRAY, DEBRA J P.O. BOX 1504 N/A LIVE OAK, FL 32064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 12180 SE C.R. 137 JASPER, FL. 32052	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Debra J. Murray</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-6-08 Date		386-792-3215 Daytime Phone #