


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000084181 1. Entity Name BAYONET POINT ENGINE REMANUFACTURING & MACHINING, INC.	
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Principal Place of Business 7826 RHODES RD #9-10 HUDSON, FL 34667	Mailing Address 7826 RHODES RD #9-10 HUDSON, FL 34667
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04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3564209	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CHIAVAROLI, RANDOLPH 7826 RHODES RD STE 9-10 HUDSON, FL 34667

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

000000136717
04/28/04-80099-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP CHIAVAROLI, RANDOLPH 7826 RHODES RD 9-10 HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NAVARRA, PAMELA 7826 RHODES RD 9-10 HUDSON, FL 34667
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**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: Randolph Chiavaroli Randolph Chiavaroli 4/24/04 727 862 6411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #