

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90033 003 \*\*\*158.75

**DOCUMENT # P99000092134**

**1. Entity Name**  
**NEW TECHNOLOGY PRECISION MACHINING CO., INC.**



**Principal Place of Business**  
**15915 ASSEMBLY LOOP**  
**PALM BEACH PARK OF COMMERCE**  
**JUPITER, FL 33478**

**Mailing Address**  
**P.O. BOX 1837**  
**JUPITER, FL 33468**

**2. Principal Place of Business**

**3. Mailing Address**  
**15915 Assembly Loop**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Jupiter FL**

Zip

Country

Zip

Country

**33478**

**USA**

07082004

Chg-P

CR2E034 (10/03)

**4. FEI Number**

**06-1561291**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

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

**7. Name and Address of New Registered Agent**

**LARSEN, KATERINA P**  
**10087 SE OSPREY POINTE DR**  
**HOBE SOUND, FL 33455**

Name

**Larsen, Kateryna P.** *Name - spelling correction only!*  
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.** *change spelling of first name only*

**SIGNATURE**

*[Signature]*  
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7-8-04**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DP** ☐ Delete  
**NAME** **LARSEN, JOHN E.**  
**STREET ADDRESS** **10087 SE OSPREY POINTE DR**  
**CITY-ST-ZIP** **HOBE SOUND, FL 33455**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **DST** ☐ Delete  
**NAME** **LARSEN, KATERINA P**  
**STREET ADDRESS** **10087 SE OSPREY POINTE DR**  
**CITY-ST-ZIP** **HOBE SOUND, FL 33455**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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)(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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-8-04**  
Date

**561-624-3830**  
Daytime Phone #