


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # P99000099491		
1. Entity Name MACHINIST-MATERIALS INC.		
Principal Place of Business 12855 S. BELCHER ROAD LARGO, FL 33773		Mailing Address POST OFFICE BOX 55085 ST. PETERSBURG, FL 33732
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DUNSMOOR, GARY 12855 S. BELCHER ROAD LARGO, FL 33773		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	DUNSMOOR, GARY	
STREET ADDRESS	6300 13TH STREET NORTH	
CITY-STATE-ZIP	ST. PETERSBURG, FL 33702	
TITLE	VS	
NAME	DUNSMOOR, SUE	
STREET ADDRESS	6300 13TH STREET NORTH	
CITY-STATE-ZIP	ST. PETERSBURG, FL 33702	
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-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, when all other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/27/04 Daytime Phone # 866-622-4628



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0983456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

000000138189
04/29/04-80070-010 150.00

**DO NOT WRITE
IN THIS SPACE**