

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 23, 2004 08:00 AM
Secretary of State

DOCUMENT # S29383

1. Entity Name
D & J GRINDING AND MACHINE, INC.



Principal Place of Business
5107 GEORGIA AVE.
WEST PALM BEACH, FL 33405 US

Mailing Address
214 PRESERVE CT
ROYAL PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE



09212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0243816

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VECLOTCH, JOANNE
214 PRESERVE CT
ROYAL PALM BEACH, FL 33411

**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

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
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

TITLE	P
NAME	VECLOTCH, DENNIS J
STREET ADDRESS	214 PRESERVE CT
CITY-ST-ZIP	ROYAL PALM BCH, FL 33411
TITLE	S
NAME	VECLOTCH, JOANNE
STREET ADDRESS	214 PRESERVE CT
CITY-ST-ZIP	ROYAL PALM BCH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/23/04-80001-008 150.00

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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:

Joanna Vecclotch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-04

Date

Daytime Phone #