

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # S50871**

Entity Name  
**ACCURATE TOOL MANUFACTURERS, INC.**



Principal Place of Business  
**138 BAYWOOD AVE.  
LONGWOOD, FL 32752**

Mailing Address  
**P.O. BOX 522081  
LONGWOOD, FL 32752 US**



01222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3076106**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

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

**GUZMAN, MARTIN R  
1001 TAPROOT DRIVE  
WINTER SPRINGS, FL 32708**

**DO NOT WRITE  
IN THIS SPACE**

I, the undersigned, 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 responsibilities of registered agent.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**NOTE: 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**

**P  
GUZMAN, MARTIN R.  
1001 TAPROOT DRIVE  
WINTER SPRINGS, FL  
S  
GUZMAN, ROSA M  
1001 TAPROOT DR  
WINTER SPRINGS, FL 327084007**

U00000735246  
01/28/08-80040-007.158.75

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IN THIS SPACE**

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 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 I am a shareholder or on an attachment with an address, with all other like empowered.

**SIGNATURE: Rosa M. Guzman / Rosa M. Guzman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/2008**  
Date

**407-332-5225**  
Daytime Phone #