


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # S67673
 1. Entity Name
BECHRIS MACHINERY COMPANY



Principal Place of Business Mailing Address
9621 SIDNEY HAYES RD **1340 SOUTH RIDGE LAKE CIRCLE**
ORLANDO, FL 32824 US **LONGWOOD, FL 32750 US**

DO NOT WRITE IN THIS SPACE



01312004 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3081361 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
SIMMONS, JAMES B.
1340 SOUTH RIDGE LAKE CIRCLE
LONGWOOD, FL 32750

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

U00000040047
 02/09/04-80032-011 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST SIMMONS, JAMES B. 1340 SOUTH RIDGE LAKE CIRCLE LONGWOOD, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST SIMMONS, JAMES B. 1340 SOUTH RIDGE LAKE CIRCLE LONGWOOD, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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)(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, with all other like empowered.

SIGNATURE: *James B. Simmons, Pres* **James B. Simmons, Pres** **2/4/04** **407-816-0046**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #