



2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90054 028 \*\*\*150.00

<b>DOCUMENT # S67673</b>					
1. Entity Name BECHRIS MACHINERY COMPANY					
Principal Place of Business 9621 SIDNEY HAYES RD ORLANDO, FL 32824 US			Mailing Address PO BOX 593571 ORLANDO, FL 32859-3571 US		
2. Principal Place of Business 400 Commerce Way Suite, Apt. #, etc. Suite 120 City & State Longwood, FL Zip 32750 Country Seminole		3. Mailing Address 400 Commerce Way Suite, Apt. #, etc. Suite 120 City & State Longwood, FL Zip 32750 Country Seminole		01192005 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			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMMONS, JAMES B.	NAME			
STREET ADDRESS	1340 SOUTH RIDGE LAKE CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD, FL	CITY-ST-ZIP			
TITLE	PST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMMONS, JAMES B.	NAME			
STREET ADDRESS	1340 SOUTH RIDGE LAKE CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD, FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 		1/19/05 407-767-8484		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	