2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S86215

1. Entity Name
U.S. MACHINERY, INCORPORATED

Principal Place of Business	Mailing Address
1635 7TH STREET, SW	1635 SW 7TH ST
WINTER HAVEN, FL 33880 US	WINTER HAVEN, FL 33880 US

DO NOT WRITE IN THIS SPACE

06302005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3095033	Not Applicable

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

6. Name and Address of Current Registered Agent

TACKETT, EVERETT E
1635 7TH STREET, SW
WINTER HAVEN, FL 33880

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_____ DATE_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	TACKETT, EVERETT E
STREET ADDRESS	P.O. BOX 879
CITY-ST-ZIP	WINTER HAVEN, FL 33882
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000370219
07/05/05-80008-001 550.00

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)(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: _Everett E. Tackett_   Everett E. Tackett   6-30-05   863-206-1240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #