


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90053 048 ***158.75

DOCUMENT # V53786


1. Entity Name
MACHINERY INSURANCE, INC. AN ASSESSABLE MUTUAL INSURER



Principal Place of Business
219 NEWMAN STREET JACKSONVILLE, FL 32202

Mailing Address
219 NEWMAN STREET JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2874344	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**POWELL, FITZHUGH K PRES
 219 NEWMAN ST
 JACKSONVILLE, FL 32202**

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 \$150.00 After May 1, 2007 Fee will be \$550.00


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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RINGHAVER, RANDAL L. 8060 PHILLIPS HIGHWAY JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT POWELL, FITZHUGH K SR. 219 NEWMAN STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS ROY, RONALD T 8050 PHILLIPS HIGHWAY 500 World Commerce Parkway JACKSONVILLE, FL 32202 St. Augustine, FL 32092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST KLEMMT, ROSEMARY G 219 NEWMAN STREET JACKSONVILLE, FL 32202
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 exemptions contained in Chapter 119, 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:  **Fitzhugh K Powell**

Date: **1/8/07** Daytime Phone #: **904-256-0100**