

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V53786

FILED  
Apr 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

219 NEWNAN STREET  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

219 NEWNAN STREET  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: 59-2874344      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

POWELL, FITZHUGH K PRES  
219 NEWNAN ST  
JACKSONVILLE, FL 32202      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: RINGHAVER, RANDAL L.  
Address: 8060 PHILLIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL

Title: PT ( ) Delete  
Name: POWELL, FITZHUGH K SR.  
Address: 219 NEWNAN STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: CS ( ) Delete  
Name: ROY, RONALD T  
Address: 500 WORLD COMMERCE PKWY  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: AST ( ) Delete  
Name: KLEMMT, ROSEMARY G  
Address: 219 NEWNAN STREET  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FITZHUGH K. POWELL SR.

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date