

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K79926

**FILED  
Aug 05, 2005  
Secretary of State**

**Entity Name:** MACHINE TOOL SERVICES OF CENTRAL FLORIDA INC.

**Current Principal Place of Business:**

17140 S.E. 79TH MCLAWREN TER.  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

67 SPRINGFIELD DR  
NEWNAN, GA 30265

**New Mailing Address:**

**FEI Number:** 59-2961604      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HOFFMAN, JOSEPH R  
17140 S.E. 79TH MCLAWREN TER.  
THE VILLAGES, FL 32162      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVS      ( ) Delete  
Name: HOFFMAN, JOSEPH R PRES  
Address: 17140 S.E. 79TH MCLAWREN TER  
City-St-Zip: THE VILLAGES, FL 32162

Title: TD      ( ) Delete  
Name: HOFFMAN, JOSEPH R PRES  
Address: 17140 S.E. 79TH MCLAWREN TER  
City-St-Zip: THE VILLAGES, FL 32162

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

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 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 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: JOSEPH R. HOFFMAN

PRES

08/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date