


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000064202  
 1. Entity Name  
 PACER ENGINEERED SYSTEMS, INC.



|  |  |
|--|--|
| Principal Place of Business<br>1518 E MONOPOLY LOOP<br>INVERNESS, FL 34453 | Mailing Address<br>1518 E MONOPOLY LOOP<br>INVERNESS, FL 34453 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



07022004 No Chg-P CR2E034 (10/03)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br>59-3358047  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
 WHITCHURCH, NORTON  
 1518 E MONOPOLY LOOP  
 INVERNESS, FL 34453

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WHITCHURCH, NORTON<br>1518 E MONOPOLY LOOP<br>INVERNESS, FL 34453 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DTS<br>WHITCHURCH, PATSY<br>1518 E MONOPOLY LOOP<br>INVERNESS, FL 34453 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

~~100000165545~~ A.H  
 07/16/04-80001-011-558.75

100000165545  
 07/16/04-80001-011 158.75

**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 19.07(3)(f), 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: Norton Whitchurch (6/30/04) (651-633-5402)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #