


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 336037
 1. Entity Name
ORLANDO BOLT & SCREW CO



Principal Place of Business: **2101 DIVISION AVE ORLANDO, FL 32805**
 Mailing Address: **144 INDUSTRIAL DR. BIRMINGHAM, AL 35211**

DO NOT WRITE IN THIS SPACE



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number: **59-1220606** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BETHEL, MIKE
5438 VERNON ROAD
JACKSONVILLE, FL 32209

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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, 2005 Fee will be \$550.00

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

U00000295293
 04/09/05-80021-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	YEILDING, FLETCHER
STREET ADDRESS	144 INDUSTRIAL DR.
CITY-ST-ZIP	BIRMINGHAM, AL
TITLE	S
NAME	WALTON, J.M.
STREET ADDRESS	144 INDUSTRIAL DR.
CITY-ST-ZIP	BIRMINGHAM, AL
TITLE	VP
NAME	DEAL, NICK
STREET ADDRESS	2101 S. DIVISION AVE.
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: Carol C. Adams **Carol C. Adams** 4-1-05 205-949-4114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #