


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 628408
 1. Entity Name
TRUE GRIT ABRASIVES, INC.



Principal Place of Business Mailing Address
625 N 50TH ST **625 N 50TH ST**
TAMPA, FL 33619 US **TAMPA, FL 33619 US**



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1922411	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TOWE, RICHARD E
4210 WINDING WILLOWS DR
TAMPA, FL 33624

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 reissuing)
 _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	P TOWE, RICHARD E 4210 WINDING WILLOW DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANN, GERALDINE E 206 GRANADA CT. NORTH PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOWE, RICHARD E. 4210 WINDING WILLOW DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOWE, JOYCE A. 4210 WINDING WILLOW DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOWE, STEVEN G 4210 WINDING WILLOW DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000166305
 07/15/04-80003-011 150.00

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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)(i), 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: *Richard E. Towe* **Richard E. Towe** 7/13/04 813-24752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #