


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

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

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

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

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: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	-----------------------------

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	

#00000328334
 04/25/05-80074-004 150.00

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 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: 	4-21-05	813.247-5219
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>