

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90048 026 ***150.00

DOCUMENT # F60674		
1. Entity Name ELECTRONIC/FASTENERS, INC.		
Principal Place of Business 801 CORNWALL ROAD SANFORD FL 32773		Mailing Address 801 CORNWALL ROAD SANFORD FL 32773
2. Principal Place of Business 277 POWER CT	3. Mailing Address 277 POWER CT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State SANFORD, FL	City & State SANFORD, FL	
Zip 32771	Country SEMINOLE	Zip 32771
Country SEMINOLE		



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2254255		Applied For ☐	Not Applicable ☐
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KANTOR, HAL H. 215 NORTH EOLA DRIVE ORLANDO FL 32802			
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL Zip Code			

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
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MASON, SUSAN 801 CORNWALL RD SANFORD FL 32771 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MASON, WAYNE 801 CORNWALL RD SANFORD FL 32771 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: SUSAN MASON 1-19-05 407-321-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #