

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000754

Entity Name: FASTENAL COMPANY

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

2001 THEURER BLVD.
WINONA, MN 55987

New Principal Place of Business:

Current Mailing Address:

2001 THEURER
ATTN: TAX DEPARTMENT-ANNUAL REPORT
WINONA, MN 55987

New Mailing Address:

FEI Number: 41-0948415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: OBERTON, WILLARD
Address: 121 JAY BEE DRIVE
City-St-Zip: WINONA, MN 55987

Title: EVP () Delete
Name: LUNDQUIST, NICHOLAS
Address: 165 JAY BEE DRIVE
City-St-Zip: WINONA, MN 55987

Title: VP () Delete
Name: APPELWICK, STEVEN
Address: 62 OAK PARK CT.
City-St-Zip: WINONA, MN 55987

Title: COBD () Delete
Name: KIERLIN, ROBERT
Address: PO BOX 302
City-St-Zip: WINONA, MN 55987

Title: D () Delete
Name: SLAGGIE, STEPHEN
Address: 1870 RALPH SCHARMER DRIVE
City-St-Zip: WINONA, MN 55987

Title: TCFO () Delete
Name: FLORNESS, DANIEL
Address: 461 GLENVIEW DR
City-St-Zip: WINONA, MN

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL FLORNESS

TCFO

04/11/2007

Electronic Signature of Signing Officer or Director

_____ Date