

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90049 043 \*\*\*150.00

**DOCUMENT # P01000097572**

1. Entity Name  
**ALUMINUM FASTENER SUPPLY COMPANY, INC.**



Principal Place of Business      Mailing Address  
**4297 CORPORATE SQ N**      **4297 CORPORATE SQ N**  
**NAPLES, FL 34104**      **NAPLES, FL 34104**

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |



01082008      Chg-P      CR2E034 (12/06)

|   |  |   |  |
|---|--|---|--|
| 4. FEI Number<br><b>22-2311676</b>                        |  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required   |  |

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent                                       |  | 7. Name and Address of New Registered Agent   |  |
| <b>HARRISON, DANA</b><br><b>1000 TAMiami TRAIL N. #503</b><br><b>NAPLES, FL 34102</b> |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 requires what is stating) \_\_\_\_\_ DATE \_\_\_\_\_

|  |   |
|--|---|
| <p><b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2008 Fee will be \$550.00</b></p> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS |                     |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                      |  |                                   |
|----------------------------|---------------------|---------------------------------|--|---|----------------------|--|-----------------------------------|
| TITLE                      | PD                  | <input type="checkbox"/> Delete |  | TITLE   | PD                   | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | VENNE, LORI         |                                 |  | NAME  | COAR, LORI           |  |                                   |
| STREET ADDRESS             | 4297 CORPORATE SQ N |                                 |  | STREET ADDRESS  | 4297 CORPORATE SQ N. |  |                                   |
| CITY-ST-ZIP                | NAPLES, FL 34104    |                                 |  | CITY-ST-ZIP   | NAPLES, FL 34104     |  |                                   |
| TITLE                      |                     | <input type="checkbox"/> Delete |  | TITLE   |                      | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       |                     |                                 |  | NAME  |                      |  |                                   |
| STREET ADDRESS             |                     |                                 |  | STREET ADDRESS  |                      |  |                                   |
| CITY-ST-ZIP                |                     |                                 |  | CITY-ST-ZIP   |                      |  |                                   |
| TITLE                      |                     | <input type="checkbox"/> Delete |  | TITLE   |                      | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       |                     |                                 |  | NAME  |                      |  |                                   |
| STREET ADDRESS             |                     |                                 |  | STREET ADDRESS  |                      |  |                                   |
| CITY-ST-ZIP                |                     |                                 |  | CITY-ST-ZIP   |                      |  |                                   |
| TITLE                      |                     | <input type="checkbox"/> Delete |  | TITLE   |                      | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       |                     |                                 |  | NAME  |                      |  |                                   |
| STREET ADDRESS             |                     |                                 |  | STREET ADDRESS  |                      |  |                                   |
| CITY-ST-ZIP                |                     |                                 |  | CITY-ST-ZIP   |                      |  |                                   |
| TITLE                      |                     | <input type="checkbox"/> Delete |  | TITLE   |                      | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       |                     |                                 |  | NAME  |                      |  |                                   |
| STREET ADDRESS             |                     |                                 |  | STREET ADDRESS  |                      |  |                                   |
| CITY-ST-ZIP                |                     |                                 |  | CITY-ST-ZIP   |                      |  |                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Lori Coar*      **LORI COAR, Pres**      **239-443-4551**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #