


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000003325**

1. Entity Name  
**FASTENER SUPPLY AND TOOL INC.**



Principal Place of Business      Mailing Address

1299 STARKEY RD #105      1299 STARKEY RD #105  
 LARGO, FL 33771      LARGO, FL 33771

**DO NOT WRITE IN THIS SPACE**



01052006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3553384      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUGH, JOAN K  
 11789 104TH LANE  
 LARGO, FL 33773

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SMITH, ROGER
STREET ADDRESS	11789 104TH LN
CITY-ST-ZIP	LARGO, FL 33773
TITLE	VS
NAME	RUGH, JOAN
STREET ADDRESS	11789 104TH LN
CITY-ST-ZIP	LARGO, FL 33773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000462595  
 03/21/06 80081-018 150.00

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_ **3/10/06 727-507-8343**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      City/State Phone #