

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 591660

**Entity Name:** BAND SAW BLADES, INC.

**Current Principal Place of Business:**

311 NE 9TH ST  
BLDG A  
OCALA, FL 34470

**Current Mailing Address:**

311 NE 9TH ST  
BLDG A  
OCALA, FL 34470

**FEI Number:** 59-1855757

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOWMAN, THEODORE J.  
311 NE 9TH ST.  
BLDG A  
OCALA, FL 34470 US

*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

**Officer/Director Detail :**

Title D  
Name BOWMAN, THEODORE J  
Address 2440 NE 7TH ST.  
City-State-Zip: Ocala FL 34470

Title P  
Name BOWMAN, THEODORE JAMES  
Address 2440 NE 7TH ST.  
City-State-Zip: Ocala FL 34470

Title VTD  
Name DONIE, ANN M.  
Address 46498 CAPLEWOOD COURT  
City-State-Zip: STERLING VA 26165

Title D  
Name BOWMAN, THEODORE JA  
Address 1106 JEFFERSON ST.  
City-State-Zip: BEARDSTOWN IL 62618

Title MGR  
Name LUSHER, CLAUDE WM  
Address 4751 NE 23RD AVENUE  
City-State-Zip: Ocala FL 34479

*I hereby 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 all other like empowered.*

**SIGNATURE:** CLAUDE WM LUSHER

MGR

04/04/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date