## , 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **DOCUMENT # 533548**

1. Entity Name



## **FILED** Jan 31, 2005 8:00 am Secretary of State 01-31-2005 90059 050 \*\*\*150.00

ASSESTMENT   ASS	INDUSTRIAL MATERIALS CORPORATION										
4505 COOLUNA CROSSING DR LEKTON FL 32033  2. Principal Place of Susiness  Suite, Apt. #, etc.	Principal Place of Business		Mailing Address			1					
Sufe, Apt. *, etc.   Sufe, Apt	4505 COQUINA CROSSING DR. ELKTON FL 32033		ELKTON FL 32033			- · · · · · · · · · · · · · · · · · · ·					
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  S. Cardinate of Status Desired  S. Name and Address of Current Registered Agent  TOOL, H RAYMOND  4505 COOUNA CROSSING DR.  ELKTON FL 32033  City  City  FL  Zip Code  City  FL  Zip  City  FL  Zip Code  City  FL  Zip  City  FL  Zip  City  FL  Zip  City  FL  Zip  Code  City  FL  Zip  Code  City  City  FL  Zip  City  FL  Zip  City  FL  Zip  City  City  FL  Zip  City  City  FL  Zip  City  City  FL  Zip  City  C	2. Principal Place of Business		3. Mailing Address								
Zip Country Zip Country S. Cardicate of Status Desired S. 75 Additional Fee Enquired G. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address N	Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)					
6. Name and Address of Current Registered Agent  TOOL, H RAYMOND 4505 COQUINA CROSSING DR. ELKTON FL 32033  City  City  FL  Topicate of Status Desired  Steert Address (P.O. Box Number is Not Acceptable)  City  FL  Tip Code  FL	City & State		City & State		4. FEI Numb	59-174191	5				
Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Displace of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, in both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, in both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, in both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with,	Zip	Country	Zip	Coun	ntry	5. Certificate	e of Status Desired				
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City		6. Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent				
## ASDS COQUINA CROSSING DR.    ELKTON FL 32033	•				Name						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I an itamiliar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  Signature, yield or prived home of injustment agent and like it applicable. (NOTE Registered Agent signature instructed when it industry)  PLE  Signature, yield or prived home of injustment agent and like it applicable. (NOTE Registered Agent signature instructed when it industry)  PSTD. FILE NOW!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTER NOW.  PSTD. RAYMOND  TOOL, H. RAYMON	450	5 COQUINA CROSSING DR			Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature	ELN	TON FL 32033									
SIGNATURE   Signat								. –			
FILE NOW!!! FEE IS \$150,00   Make Check Payable to Florida Department of State   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	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.										
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After May 1, 2005 Fee Will Be \$550.00     Make Check Payable to Florida Department of State	Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reimstating) DATE										
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information			LALL ENGL. J			-440 0740	VO Chalde Charter	1 South a			

Intereby Certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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.