

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 549460

Entity Name: DOWELS, PINS & SHAFTS, INC.

FILED  
Jan 19, 2005  
Secretary of State

## Current Principal Place of Business:

1975 CALUMET ST.  
CLEARWATER, FL 33765 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1135  
DUNEDIN, FL 34698 US

## New Mailing Address:

FEI Number: 59-1780438      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MICKELSON, THOMAS & ELLEN  
1975 CALUMET ST  
CLEARWATER, FL 33765 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: PD ( ) Delete  
Name: MICKELSON, THOMAS R,  
Address: 2182 PADDOCK CIRCLE  
City-St-Zip: DUNEDIN, FL 34698

Title: VP ( ) Delete  
Name: MICKELSON, ELLEN F  
Address: 2182 PADDOCK CIRCLE  
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Delete  
Name: MICKELSON, ELLEN F,  
Address: 2182 PADDOCK CIRCLE  
City-St-Zip: DUNEDIN, FL 34698

Title: T ( ) Delete  
Name: HAMMOND, BRIDGET  
Address: 4488 BARDSDALE DRIVE  
City-St-Zip: PALM HARBOR, FL 34685

Title: S ( ) Delete  
Name: MICKELSON, KEVIN  
Address: 3313 BRIARWOOD LANE  
City-St-Zip: SAFETY HARBOR, FL 34695

## 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  
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 Section 119.07(3)(i), 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: BRIDGET HAMMOND

TRES

01/19/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date