


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90004 049 \*\*\*150.00

<b>DOCUMENT # F02000004828</b>	
1. Entity Name <b>SPEAR &amp; JACKSON OF NEVADA, INC.</b>	

Principal Place of Business <b>2200 CORPORATE BLVD., STE. 314 BOCA RATON, FL 33431</b>	Mailing Address <b>2200 CORPORATE BLVD., STE. 314 BOCA RATON, FL 33431</b>
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**54066446**

2. Principal Place of Business <b>6001 Park of Commerce Blvd Suite, Apt. #, etc. 200</b>	3. Mailing Address <b>6001 Park of Commerce Blvd Suite, Apt. #, etc. 200</b>
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07132004 Chg-P CR2E034 (10/03)

City & State <b>Boca Raton, FL 33487</b>	City & State <b>Boca Raton, FL 33487</b>
Zip <b>33487</b>	Country <b>USA</b>

4. FEI Number <b>91-2037081</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO CROWLEY, DENNIS 2200 CORPORATE BLVD., STE. 314 BOCA RATON, FL 33431</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D- Director John R Harrington 6001 Park of Commerce Blvd #200 Boca Raton, FL 33487</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST CROWLEY, DENNIS 2200 CORPORATE BLVD., STE. 314 BOCA RATON, FL 33431</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Robert Dinerman Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6001 Park of Commerce Blvd #200 Boca Raton, FL 33487</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PISCITELLI, JOE 2200 CORPORATE BLVD., STE. 314 BOCA RATON, FL 33431</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>William Fletcher Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6001 Park of Commerce Blvd #200 Boca Raton, FL 33487</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-19-04**  
Date

Daytime Phone #