2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000007121

Entity Name: ACTION BOLT & TOOL CO.

LANGE, CHRISTOPH

93 GRANT STREET

RAMSEY, NJ 07446

Name:

Address:

City-St-Zip:

FILED Aug 02, 2005 Secretary of State

Entity Na	me: ACTION	BOLT & TOOL CO.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	E HERON BL\ LM BEACH, F					
Current Mailing Address:			New Mailing Address:			
	E HERON BL\ EACH, FL 33					
FEI Number	: 65-0880820	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status Desire	ed ()
Name and	Address of (Current Registered Agent:	Name and	Address of I	New Registered Agent:	
CORPORA	ATION SERVI	CE COMPANY				
	S STREET SSEE, FL 323	012525 US				
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered o	office or registered agent,	or both,
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	jent		Date	
		3(2)(b), F.S., the corporation did n	ot receive the prior notic	e.		
	S AND DIREC	•	ADDITION	IS/CHANGES	TO OFFICERS AND DI	RECTORS:
Title: Name: Address: City-St-Zip:	C (X WURTH, REIN 93 GRANT STE RAMSEY, NJ	REET	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title:	D () Delete	Title:	D (X	() Change () Addition	
Name:	GELLER, JEFF		Name:	BOGGIANO, AI		
Address: City-St-Zip:	RIVIERA BEAC	RON BLVD. W CH, FL 33404	Address: City-St-Zip:	RIVIERA BEAC	RON BLVD. W CH, FL 33404	
Title:	V () Delete	Title:	Р (Х	() Change () Addition	
Name:	MULLER, GAR		Name:	MERKLEIN, KO		
Address: City-St-Zip:	2051 BLUE HE RIVIERA BEAC	RON BLVD. W. H, FL 33404	Address: City-St-Zip:	2051 BLUE HE RIVIERA BEAC	RON BLVD. W. CH, FL 33404	
Title:	S () Delete	Title:	() Change ()Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANDREW BOGGIANO D 08/02/2005