

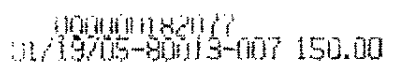


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # G21923 1. Entity Name J AND S CARBIDE PRODUCTS, INC.			
Principal Place of Business 115 TALLY DR. % SALVATORE FORNITO PALM HARBOR, FL 34684		Mailing Address 115 TALLY DR. % SALVATORE FORNITO PALM HARBOR, FL 34684	
DO NOT WRITE IN THIS SPACE			
		01122005 No Chg-P CR2E034 (10/03)	
		4. FE# Number 59-2263252	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORNITO, SALVATORE 115 TALLY DR. PALM HARBOR, FL 33563		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORNITO, JOHN 102 WELLESLEY CT. MT. LAUREL, NJ		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FORNITO, SALVATORE 115 TALLY DR. PALM HARBOR, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u><i>Salvatore Fornito</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1-13-05</u> Daytime Phone # <u>727 8789-3691</u>	