2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 13, 2006 08:00 AM Secretary of State

1. Entity Nam	MENT # G21923 CARBIDE PRODUCTS, INC.	<i>></i> • • • • • • • • • • • • • • • • • • •			•	y of State
Principal Plac 115 TALLY D % SALVATOR PALM HARBO	IR.	Mailing Address 115 TALLY DR. % SALVATORE FORNITO PALM HARBOR, FL 34684		 		
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D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 59-2263252		Applied For Not Applicable
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	6. Name and Address of Current Re	gistered Agent	· • • • • • • • • • • • • • • • • • • •	Sales and the sa		The second second second
	SALVATORE			DO NO	T WRITE	
115 TALLY PALM HAT	RBOR, FL 33563				S SPACE	
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8. The above	named entity submits this statement for t	ne purpose of changing its registe	red office or register	ed agent, or both, in the	State of Florida. I am far	miliar with, and accept
the obligat	lons of registered agent.	wito	in the second of the second o	A CONTRACTOR OF THE CONTRACTOR	1-12-0	7
SIGNATURE	Signature, typed or printed name of registered agent and	utle if applicable (NOTE Registe	ed Agent signature required	when reinstating)	DATE .	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution	incing \$5 . D Add	.00 May Be led to Fees	gan e e u	· .
After M	ay 1, 2006 Fee will be \$550.00 OFFICERS AND D	Trust Fund Contribution	incing \$5	.00 May Be led to Fees		
After M	ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution	ncing \$5	.00 May Be led to Fees		
10. TITLE NAME STREET ADDRESS	OFFICERS AND DI PD FORNITO, JOHN 102 WELLESLEY CT.	Trust Fund Contribution	incing \$5	.00 May Be led to Fees		
10. TITLE NAME	ay 1, 2006 Fee will be \$550.00 OFFICERS AND DI PD FORNITO, JOHN	Trust Fund Contribution	ncing \$5	.00 May Be ed to Fees		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date Destino Phane of Phane of