

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # G42749

1. Entity Name
PROCUNIER SAFETY CHUCK COMPANY, FLORIDA



Principal Place of Business
**304 WINSTON CREEK PKWY.
LAKELAND, FL 33810 US**

Mailing Address
**304 WINSTON CREEK PKWY.
LAKELAND, FL 33810 US**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-1647550	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

**HAHN, JAMES P.
101 SOUTH FLORIDA AVENUE
LAKELAND, FL 33802**

**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

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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCONNELL, RICHARD A.
STREET ADDRESS	304 WINSOTN CREEK PKWY.
CITY-ST-ZIP	LAKELAND, FL
TITLE	STD
NAME	MCCONNELL, JUDITH A.
STREET ADDRESS	304 WINSOTN CREEK PKWY.
CITY-ST-ZIP	LAKELAND, FL
TITLE	D
NAME	CALDWELL, SUSAN M.
STREET ADDRESS	1514 N CHEYENNE
CITY-ST-ZIP	RICHARDSON, TX
TITLE	V
NAME	MELE, WILLIAM S.
STREET ADDRESS	304 WINSTON CREEK PKWY.
CITY-ST-ZIP	LAKELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000510304
04/29/06-80001-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Richard A. McConnell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-06 863-238-0071