## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G46025

Entity Name: PERFECTION FASTNERS, INC.

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

612 RAYMOND AVE. 2122 U.S. HWY 301 N. TAMPA, FL 33602 US TAMPA, FL 33619 US

Current Mailing Address: New Mailing Address:

P.O. BOX 21242 TAMPA, FL 33622 US

FEI Number: 59-2442212 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHRIEN, GARY A PD
612 RAYMOND AVE.
TAMPA, FL 33602 US

CHRIEN, GARY A PD
316 SHORE DR. E.
OLDSMAR, FL 34677 US

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.

SIGNATURE: 01/04/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 CHRIEN, GARY A
 Name:
 CHRIEN, GARY A

 Address:
 612 RAYMOND AVE.
 Address:
 316 SHORE DR. E.

 City-St-Zip:
 TAMPA, FL 33602 US
 City-St-Zip:
 OLDSMAR, FL 34677 US

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 CHRIEN, ANDREW F
 Name:
 CHRIEN, ANDREW F

 Address:
 612 RAYMOND AVE.
 Address:
 7032 PELICAN ISLAND DR.

 City-St-Zip:
 TAMPA, FL 33602 US
 City-St-Zip:
 TAMPA, FL 33634 US

 $\label{eq:title:v} {\sf Title:} \qquad {\sf V} \qquad {\sf (\ )\ Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X)\ Change\ (\ )\ Addition}$ 

Name:CHRIEN, THEODORE JName:CHRIEN, THEODORE JAddress:612 RAYMOND AVE.Address:13203 ROYAL GEORGE AVE.City-St-Zip:TAMPA, FL 33602 USCity-St-Zip:ODESSA, FL 33556 US

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.

SIGNATURE: THEODORE J CHRIEN V 01/04/2005