2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)								FILED				
DQCUMENT # G63682 1. Entity Name							Mar 07, 2005 08:00 AM Secretary of State					
INTERNATIONAL TOOL CORPORATION								200100	urj or ~		-	
Principal Place of Business Maili				ng Address			1					
2590 DAVIE RD				2590 DAVIE RD								
				DAVIE FL 33317 US			10	ITIN 1911 SIITE INS 2011 SIIT	HIDI OTOTI CTOTI CTOTI CTOTI	1 eur eus		
2. Principal Place of Business				3. Mailing Address								
Suite, Apt #, etc			Suit	Suite, Apt. #, etc.			1.	st MOORE	CR2E034 (10/	04)		
City & State			City	& State		4. FEI Num	^{ber} 59-2341160)		plied For t Applicable		
Zip	Country		Zip	Zip C		ntry	5. Certificat	e of Status Desired		75 Addi Required		
6. Name and Address of Current		rent Registere	Registered Agent		1	7. Name an	d Address of New R			J		
						Name						
WILD, LOUIS 2590 DAVIE RD DAVIE FL 33317						Street Address (P.O. Box Number is Not Acceptable)						
						City			FL Z	ip Code	,	
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												
. ^ F	FILE NOW!!!	FEE IS \$150.00				· · · · ·		a Flanting Community				
After	r May 1, 2005 I	Fee Will Be \$550						9. Election Campa Trust Fund Cont			00 May Be d to Fees	
10.	x rayable to r	Torida Departmen	ND DIRECTO	DS.	11.		ADDITIONS	 S/CHANGES TO OFFI	CEDS AND DIDE	CTORE	15.1 4.4	
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NAME	WILD, RENEE				NAM	IE .		Unananar	_	•	_	
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Inflit	VP			☐ Datete	TITE						Addition	
NAME	BARNETT, DE	EAN		C Datate	NAM					nange	Addition	
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NAME					NAM	l				-		
STREET ADDRESS City-St-Zip						ET ADDRESS - ST - ZIP						
12. I hereby o	certify that the int	formation supplied	with this filing	does not qualify for	or the exe	motion stated in Sec	ction 119 07/3	(i). Florida Statutes	further certify the	t the inf	ormation	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date District Phone I												