2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with

SIGNATURE:

FILED DOCUMENT # G79591 Mar 28, 2005 08:00 AM Secretary of State 1. Entity Name H. & S. SWANSONS' TOOL COMPANY Mailing Address Principal Place of Business 9000-68TH ST., N. PINELLAS PARK FL 34666 9000-68TH ST., N. PINELLAS PARK FL 33782 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 36-2248023 Not Applicable Country Ζip Country Zip \$8.75 Additional \square 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FISHER & SAULS, P.A. Street Address (P.O. Box Number is Not Acceptable) 100 2ND AVE., STE. 701, CITY CTR. BLDG. ST PETERSBURG FL 33701 Zip Code City 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 DATE Signature, typed or printed name of registored agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition PD HILE Delete HILE U00000278467 SWANSON, JAMES H. NAME NAME 03/28/05-80026-012 150.00 ONE BEACH DR #2511 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME SWANSON, JOSEPHINE ONE BEACH DR #2511 STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHY-ST-ZIP ST PETERSBURG FL ☐ Change ☐ Addition Delete DILE NAME LAWTON, GEORGE NAME STRLET ADDRESS STREET ADDRESS 9000-68TH ST., N. CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP Change Addition ☐ Delete HILL NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CITY-ST-ZIP Change Addition DITE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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