


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90036 025 \*\*\*150.00

<b>DOCUMENT # H30256</b>	
1. Entity Name <b>TOOLS-N-MORE, INC.</b>	

Principal Place of Business <b>6537 SOUTHERN BLVD., SUITES 3-4 W. PALM BEACH, FL 33413</b>	Mailing Address <b>6537 SOUTHERN BLVD., SUITES 3-4 W. PALM BEACH, FL 33413</b>
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2474447</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**DRAGULA, MARKA** *Judene Hansen*  
**6537 SOUTHERN BLVD STE 4  
WEST PALM BEACH, FL 33413**

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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]* DATE *4-5-05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HANSEN, CHARLES F. JR. 6694 S CALUMET CIRCLE LAKE WORTH, FL 334677008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HANSEN, JUDENE 6694 S CALUMET CIRCLE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DRAGULA, MARK 9050 WHIPPORWILL PASS WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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]* *4-5-05* *561* *689-8349*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #