

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

06-07-2004 90005 017 \*\*\*150.00

<b>DOCUMENT # H60964</b> 1. Entity Name <b>EVER-READY TOOL, INC.</b>					
Principal Place of Business <b>7209-114TH AVE</b> <b>D</b> <b>LARGO, FL 33773</b>			Mailing Address <b>7209-114TH AVE</b> <b>D</b> <b>LARGO, FL 33773</b>		
2. Principal Place of Business <i>N/A</i>		3. Mailing Address <i>N/A</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 	Country 	Zip 	Country 	4. FEI Number <b>59-2537675</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SMITH, STEPHEN K</b> <b>10617 94TH AVE</b> <b>SEMINOLE, FL 33772</b>			7. Name and Address of New Registered Agent Name <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip 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 <i>STEPHEN K SMITH</i> <span style="float: right;"><i>6-4-04</i></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SMITH, STEPHEN K.</b> <b>10617-94TH ST. NORTH</b> <b>SEMINOLE, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>6-4-04</i> <span style="float: right;"><i>727 430 8169</i></span> <small>Date Daytime Phone #</small>		

14023416



03132003 Chg-P CR2E034 (10/03)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 20, 2004

EVER-READY TOOL, INC.  
7209-114TH AVE  
D  
LARGO, FL 33773

SUBJECT: EVER-READY TOOL, INC.  
Ref. Number: H60964

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker  
Document Specialist

Letter Number: 804A00035135

Attachment

140234165-5-04  
##60964

TO WHOM IT MAY CONCERN,

IT WAS BROUGHT TO MY ATTENTION  
YESTERDAY, 5-4-04, THAT I HAD MISSED  
THE FILING DATE OF MAY 1 FOR MY  
ANNUAL REPORT. WE HAD A PROBLEM TWO  
YEARS PRIOR BECAUSE OF AN ADDRESS  
CHANGE WHICH WAS TAKEN CARE OF  
IN NOVEMBER 2003. MY ACCOUNTANT  
FOUND THIS PROBLEM BY DOING A SEARCH  
OF HIS CLIENTS BECAUSE OF A FORMAT  
CHANGE IN YOUR OFFICE. HE FOUND THAT  
EVER-READY TOOL, INC AND SEVERAL  
OTHER CORPORATIONS HAD MISSED THE  
FILING DATE BECAUSE OF THIS. I TRIED TO  
CALL 850 245 6056 FOR CORPORATE ANNUAL  
REPORTS AND 850 245 6059 FOR REINSTATEMENTS  
FROM YOUR WEB SITE BUT BOTH NUMBERS ARE  
DISCONNECTED.

I'M SORRY FOR ANY INCONVENIENCE.

A handwritten signature in dark ink, appearing to be 'R. A. A.' or similar, with a large, stylized 'A' at the end.



Attachment  
14023414  
Division of Corporations

Annual Report

Page 1

Document Number

H60964

Business Entity Name

EVER-READY TOOL, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number

592537675

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

7209-114<sup>TH</sup> AVE

Suite, Apt. #, etc.

D

City, State

LARGO

FL

Zip Code & Country

33773

US

Mailing Address

Address

SAME

Suite, Apt. #, etc.

City, State

Zip Code & Country

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

SMITH

STEPHEN

K

-or- RA Business Name

Address

10617 94<sup>TH</sup> AVE

Suite, Apt. #, etc.

City, State

SEMINOLE

FL

Zip Code & Country

33772

US

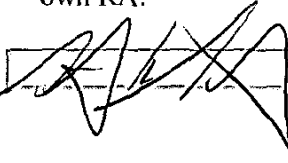
If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered

Attachment

14023416  
# H60964

Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

A handwritten signature in black ink, appearing to be 'A. J. Smith', is written over a horizontal rectangular line.

Continue

Reset

Start Over

[Sunbiz Home Page](#)

[Public Access Help](#)