

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J04759

Entity Name: W.B. TOOL CO., INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

5640 DEWEY ST
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

5640 DEWEY ST
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 59-2699607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROSSER, KIPLAND
4706 ARTHUR STREET
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PROSSER, KIPLAND
Address: 4706 ARTHUR ST.
City-St-Zip: HOLLYWOOD, FL

Title: V () Delete
Name: PROSSER, TERRY
Address: 4118 SW 90TH WAY
City-St-Zip: COOPER CITY, FL 33328

Title: ST () Delete
Name: PROSSER, VICKIE
Address: 4706 ARTHUR ST.
City-St-Zip: HOLLYWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: VICKIE PROSSER

ST

04/13/2009

Electronic Signature of Signing Officer or Director

Date