

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90018 030 ***150.00

DOCUMENT # J21759			
1. Entity Name H & R TOOL & DIE CO., INC.		Mailing Address 2370 DOBBS ROAD P.O. BOX 60072 ST. AUGUSTINE, FL 32086	
2. Principal Place of Business 2370 DOBBS ROAD P.O. BOX 60072 ST. AUGUSTINE, FL 32086		3. Mailing Address 2370 DOBBS ROAD P.O. BOX 60072 ST. AUGUSTINE, FL 32086	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MCCLURE, GEORGE M. 81 KING ST. #A ST. AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KLEIN, HERBERT K. 5105 CLYMER ROAD, P.O. BOX 40 ELKTON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Herbert K. Germaine Klein</i>		Date: <i>2/11/04</i> 904 / 829-6739	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

