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Secretary of State

01-23-2008 90008 020 ***150.00

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2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J21759

1. Entity Name
H & R TOOL & DIE CO., INC.

Principal Place of Business	Mailing Address
2370 DOBBS ROAD P.O. BOX 60072 ST. AUGUSTINE, FL 32086	2370 DOBBS ROAD P.O. BOX 60072 ST. AUGUSTINE, FL 32086
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. P.O. Box 860072	Suite, Apt. #, etc. P.O. Box 860072
City & State	City & State
Zip / Country	Zip / Country

66001838

01142008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2708107 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCLURE, GEORGE M. 81 KING ST. #A ST. AUGUSTINE, FL 32084	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 [signature] HERBERT K. KLEIN 01/18/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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. 300 PINE ROAD P.O. BOX 40 ELKTON, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] Herbert K. Klein 02/27/08 904/829-6739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #