

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J28878**

1. Entity Name

S-TEK POWER TOOLS SALES & SERVICE, INC.



Principal Place of Business

3434 S. ORANGE AVE.  
ORLANDO FL 32806-4547  
US

Mailing Address

3434 S. ORANGE AVE.  
ORLANDO FL 32806-4547  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2708471

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

SPENCER, STEVEN A.  
1900 E. ROBINSON STREET  
ORLANDO FL 32803

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, 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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
P  
SABO, JAMES J.  
STREET ADDRESS  
3434 S. ORANGE AVE.  
CITY - ST - ZIP  
ORLANDO FL

TITLE NAME ☐ Delete  
ST  
SABO, KATHLEEN E.  
STREET ADDRESS  
3434 S. ORANGE AVE.  
CITY - ST - ZIP  
ORLANDO FL

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
U000000295218  
04/09/05-80019-004 150.00

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Kathleen E Sabo* KATHLEEN E SABO Sec Treas 4/5/05 (407) 871-564