

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # J74989
 1. Entity Name
BERNIE'S TOOL & FASTENER SERVICES, INC.



Principal Place of Business % BERNARD E. HAIM 4211 HWY AVE, #3 JACKSONVILLE, FL 32254 US	Mailing Address % BERNARD E. HAIM 4211 HWY AVE, #3 JACKSONVILLE, FL 32254 US
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DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2799805	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 HAIM, BERNARD E.
 4211 HWY AVE, #3
 JACKSONVILLE, FL 32205

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

DATE
 1100000410019
 02/13/06-80030-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIM, EVEANN B. 4211 HWY AVE, #3 JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAIM, BERNARD E 4211 HWY AVE.#3 JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 Eveann B. Haim Sec/Attn:AS. Date 1-4-06 Daytime Phone # 904-384-4999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR