


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90083 019 \*\*\*150.00

<b>DOCUMENT # K35425</b>	
<b>1. Entity Name</b> TRON NAILS & TOOLS, INC.	

<b>Principal Place of Business</b> 2623 GRAND BLVD. UNITS 107 & 109 HOLIDAY FL 34690	<b>Mailing Address</b> 2623 GRAND BLVD. UNITS 107 & 109 HOLIDAY FL 34690
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 59-2910475	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  WERNER, SIDNEY 5999 CENTRAL AVENUE SUITE 200 ST. PETERSBURG FL 33710	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> DP <input type="checkbox"/> Delete	<b>NAME</b> FLANNERY, JAMES M.	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 29829 US HWY 19 NORTH		<b>NAME</b>	
<b>CITY-ST-ZIP</b> CLEARWATER FL		<b>STREET ADDRESS</b>	
<b>TITLE</b> DST <input type="checkbox"/> Delete	<b>NAME</b> FLANNERY, BARBARA J.	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 29829 US HWY 19 NORTH		<b>NAME</b>	
<b>CITY-ST-ZIP</b> CLEARWATER FL		<b>STREET ADDRESS</b>	
<b>TITLE</b> VP <input type="checkbox"/> Delete	<b>NAME</b> FLANNERY, MICHAEL	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 29829 US HWY 19 NORTH		<b>NAME</b>	
<b>CITY-ST-ZIP</b> CLEARWATER FL		<b>STREET ADDRESS</b>	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:** JAMES M. FLANNERY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

Attachment- K35425 54038282

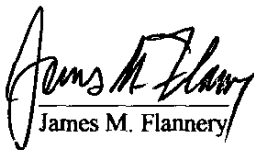
MINUTES OF MEETING FOR TRON NAIL & TOOL, INC. HELD

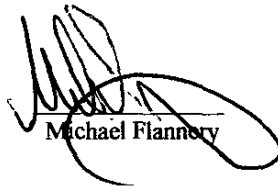
MONDAY, APRIL 5, 2004

PRESENT James M. Flannery, President  
Michael Flannery, Vice President  
Barbara Flannery, Vice President

A meeting was held on Monday, April 5, 2004. Present were the officers of the company. Listed below are items discussed:

1. Barbara Flannery started a second job and now does Tron Nail & Tool, Inc. work part time.
2. James Flannery to spend more time delivering supplies to customers at job sites.
3. Price of steel drastically increased, so cost of nails went up considerably.
4. Store slowly being organized and improved with new shelving, storage, etc..

  
James M. Flannery

  
Michael Flannery

  
Barbara Flannery