


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # K35425 1. Entity Name TRON NAILS & TOOLS, INC.	
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Principal Place of Business 2623 GRAND BLVD. UNITS 107 & 109 HOLIDAY, FL 34690	Mailing Address 2623 GRAND BLVD. UNITS 107 & 109 HOLIDAY, FL 34690
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01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent WERNER, SIDNEY 5999 CENTRAL AVENUE SUITE 200 ST. PETERSBURG, FL 33710

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	05/23/07-80070-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLANNERY, JAMES M. 2623 GRAND BLVD, UNIT 107 & 109 HOLIDAY, FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FLANNERY, BARBARA J. 2623 GRAND BLVD, UNIT 107 & 109 HOLIDAY, FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLANNERY, MICHAEL 2623 GRAND BLVD, UNIT 107 & 109 HOLIDAY, FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: <i>Barbara Flannery</i> <i>Barbara Flannery VP</i>	<i>4-16-07</i> <i>937-7855</i> <i>(T271)</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>