

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K91981

1. Entity Name
PIONEER FASTENER SUPPLY INC.



**FILED
Mar 24, 2008 8:00 am
Secretary of State**

03-24-2008 90054 031 ***150.00

4 U U U U U U U



02072008 Chg-P CR2E034 (12/06)

Principal Place of Business 314 REX COURT LEESBURG, FL 34748 US		Mailing Address 314 REX COURT LEESBURG, FL 34748 US	
2. Principal Place of Business - No P.O. Box # 1902 South Street Suite, Apt. #, etc.		3. Mailing Address 1902 South Street Suite, Apt. #, etc.	
City & State Leesburg FL Zip 34748 Country USA		City & State Leesburg FL Zip 34748 Country USA	
6. Name and Address of Current Registered Agent SMITH, EDWARD 257 GARY BLVD. LONGWOOD, FL 32750		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> (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. <input type="checkbox"/> \$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	D SMITH, EDWARD 257 GARY BLVD. LONGWOOD FL,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Ed Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #