2004 FOR PROFIT CORPORATION ANNUAL, REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATUR

FILED DOCUMENT # L87183 1. Entity Name **WO**ODWORKING INDUSTRIAL SUPPLIES AND FEB -2 2004 EQUIPMENT, INC. Principal Place of Business Mailing Address 13170 - 92ND ST N. 13170 - 92ND ST N. LARGO FL 33773 US LARGO FL 33773 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FE! Number 59-3019798 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GALLANT, DENNIS Street Address (P.O. Box Number is Not Acceptable) 13170 92ND ST NO **LARGO FL 33773** City 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 it applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition GALLANT, DENNIS NAME NAME U00000078129 STREET ADDRESS 13170 92ND ST N STREET ADDRESS 03/08/04-80015-010 150.00 CITY - ST - ZIP LARGO FL 33773 CITY-ST-ZIP TILLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CRY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filling 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