

**607 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/2

FILED
Feb 16, 2007 8:00 am
Secretary of State

01-25-2007 90049 028 ***150.00

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1. Entity Name
SPECIAL TOOL SOLUTIONS, INC.



Principal Place of Business
**1030 WILCOX STREET
JACKSONVILLE, FL 32204**

Mailing Address
**PO BOX 40585
JACKSONVILLE, FL 32203-0585**

66001104



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3647746

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SNEAD, JOHN M
2035 MARYE BRANT LOOP
NEPTUNE BEACH, FL 32266**

**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

John M. Snead

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

2-14-07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
SNEAD, JOHN M
2035 MARYE BRANT LOOP
NEPTUNE BEACH, FL 32266**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
SNEAD, CONSTANCE
2035 MARYE BRANT LOOP
NEPTUNE BEACH, FL 32266**

TITLE
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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:

John M. Snead
Signature and typed or printed name of signing officer or director

2-14-07
Date

9043565671
Citywide Phone #

John m. Snead