

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052761

FILED
Feb 29, 2004
Secretary of State

Entity Name: USA TOOLS/MCINTYRE & ASSOCIATES, INC.

Current Principal Place of Business:

15913 SHAWVER LAKE DRIVE
LUTZ, FL 33549

New Principal Place of Business:

410 W. OLD HILLSBOROUGH AVE
SEFFNER, FL 33584

Current Mailing Address:

15913 SHAWVER LAKE DRIVE
LUTZ, FL 33549

New Mailing Address:

410 W. OLD HILLSBOROUGH AVE
SEFFNER, FL 33584

FEI Number: 59-3649127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINTYRE, BRUCE
15913 SHAWVER LAKE DRIVE
LUTZ, FL 33549

Name and Address of New Registered Agent:

MCINTYRE, BRUCE
410 W. OLD HILLSBOROUGH AVE
SEFFNER, FL 33584

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.

SIGNATURE:

02/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCINTYRE, BRUCE
Address: 15913 SHAWVER LAKE DRIVE
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: MCINTYRE, RHONDA
Address: 15913 SHAWVER LAKE DRIVE
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCINTYRE, BRUCE
Address: 410 W. OLD HILLSBOROUGH AVE
City-St-Zip: SEFFNER, FL 33584

Title: D (X) Change () Addition
Name: MCINTYRE, RHONDA
Address: 410 W. OLD HILLSBOROUGH AVE
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHONDA MCINTYRE

D

02/29/2004

Electronic Signature of Signing Officer or Director

Date