


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90005 007 ***150.00

DOCUMENT # P00000101264

1. Entity Name
PACIFIC DIE CAST, INC.




Principal Place of Business Mailing Address
280 SCARLET BLVD **280 SCARLET BLVD**
OLDSMAR, FL 34677 **OLDSMAR, FL 34677**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01042005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3695539 Not Applicable

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

6. Name and Address of Current Registered Agent

EDENS, JOHNNIE R
280 SCARLET BLVD
OLDSMAR, FL 34677

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|-------------------|---------------------------------|--|---|-------------------|---------------------------------|--|
| TITLE NAME | DPT | <input type="checkbox"/> Delete | | TITLE NAME | | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | EDENS, JOHNNIE R | | | STREET ADDRESS | VP S | | |
| CITY-ST-ZIP | 280 SCARLET BLVD | | | CITY-ST-ZIP | EDENS, JOHNNIE R | | |
| | OLDSMAR, FL 34677 | | | | 280 SCARLET BLVD. | | |
| | | | | | OLDSMAR, FL 34677 | | |
| TITLE NAME | | <input type="checkbox"/> Delete | | TITLE NAME | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE NAME | | <input type="checkbox"/> Delete | | TITLE NAME | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE NAME | | <input type="checkbox"/> Delete | | TITLE NAME | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE NAME | | <input type="checkbox"/> Delete | | TITLE NAME | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ **1-5-05** **813 855-9416**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #