

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2005 8:00 am**  
**Secretary of State**

08-31-2005 90015 005 \*\*\*508.75

**DOCUMENT # P01000028583**

1. Entity Name  
**ROADRUNNER TOOLS, INC.**



Principal Place of Business  
**4401 NE 17 AVE.  
OAKLAND PARK, FL 33334**

Mailing Address  
**4401 NE 17 AVE.  
OAKLAND PARK, FL 33334**

**50064315**



08032005 Chg-P CR2E034 (10/03)

4. FEI Number  
**58-2610683**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CROWE, WADE MICHAEL  
4401 NE 17 AVE.  
OAKLAND PARK, FL 33334**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consenting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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 **PSD CROWE, WADE MICHAEL** ☐ Delete  
STREET ADDRESS **4401 NE 17 AVE.**  
CITY - ST - ZIP **OAKLAND PARK, FL 33334**

TITLE  
NAME **700058249852** ☐ Change ☐ Addition  
STREET ADDRESS **07/20/05--01036--006 \*\*\*50.00**  
CITY - ST - ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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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, without other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-25-5 954-805-1358**  
Date Daytime Phone #