

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000016847

Entity Name: TOOL-MAN.COM, INC.

FILED  
Apr 29, 2005  
Secretary of State

**Current Principal Place of Business:**

2110-C OCEAN SHORE BLVD.  
ORMOND BEACH, FL 32176

**New Principal Place of Business:**

584 QUARTERHORSE LANE  
BUNNELL, FL 32110

**Current Mailing Address:**

2110-C OCEAN SHORE BLVD.  
ORMOND BEACH, FL 32176

**New Mailing Address:**

584 QUARTERHORSE LANE  
BUNNELL, FL 32110

FEI Number: 01-0585723

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALLIEN, TIMOTHY N  
2110-C OCEAN SHORE BLVD.  
ORMOND BEACH, FL 32176 US

**Name and Address of New Registered Agent:**

GALLIEN, TIMOTHY N  
584 QUARTERHORSE LANE  
BUNNELL, FL 32110 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/29/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GALLIEN, TIMOTHY N  
Address: 2110-C OCEAN SHORE BLVD.  
City-St-Zip: ORMOND BEACH, FL 32176

Title: ST ( ) Delete  
Name: MCKEE, LAURA L  
Address: 657 NORTHCLIFF AVE.  
City-St-Zip: DELTONA, FL 32738

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GALLIEN, TIMOTHY N  
Address: 584 QUARTERHORSE LANE  
City-St-Zip: BUNNELL, FL 32110

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TIMOTHY N GALLIEN

Electronic Signature of Signing Officer or Director

P

04/29/2005

Date