


2004 FOR PROEIT CORPORATION
ANNUAL REPORT

FILED

Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000098686 1. Entity Name USA TOOLS OF WEST FLORIDA, INC.	
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Principal Place of Business 9402 HAYWARD ROAD SPRINGHILL, FL 34608	Mailing Address 9402 HAYWARD ROAD SPRINGHILL, FL 34608
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04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3721398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NICOLINI, MICHELLE 9402 HAYWARD RD SPRING HILL, FL 34608

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	PSD NICOLINI, MICHELLE 9402 HAYWARD ROAD SPRINGHILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD NICOLINI, PHILIP R JR 9402 HAYWARD ROAD SPRINGHILL, FL 34608
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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)(f), 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: Michelle Nicolini 4/14/04 (352) 688-3374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Michelle Nicolini