## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000098686

Entity Name: USA TOOLS OF WEST FLORIDA, INC.

**FILED** Sep 11, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

9402 HAYWARD ROAD 1094 BOLANDER AVE SPRINGHILL, FL 34608 SPRINGHILL, FL 34609

**Current Mailing Address: New Mailing Address:** 

9402 HAYWARD ROAD 1094 BOLANDER AVE SPRINGHILL, FL 34608 SPRINGHILL, FL 34609

FEI Number: 04-3721398 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

NICOLINI, MICHELLE NICOLINI, MICHELLE 9402 HAYWARD RD 1094 BOLANDER AVE SPRING HILL, FL 34608 US SPRING HILL, FL 34609 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: 09/11/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

PSD

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete NICOLINI, MICHELLE Name: Name: NICOLINI, MICHELLE 9402 HAYWARD ROAD 1094 BOLANDER AVE Address: Address: City-St-Zip: SPRINGHILL, FL 34608 City-St-Zip: SPRINGHILL, FL 34609

Title: VTD ( ) Delete Title: VTD (X) Change ( ) Addition

NICOLINI, PHILIP R JR Name: Name: NICOLINI, PHILIP R JR 9402 HAYWARD ROAD Address: 1094 BOLANDER AVE. Address: SPRINGHILL, FL 34608 SPRINGHILL, FL 34609 City-St-Zip: 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: MICHELLE NICOLINI **PRES** 09/11/2005