

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021582

FILED  
Jul 29, 2005  
Secretary of State

Entity Name: FASTMARK TOOL CORPORATION

**Current Principal Place of Business:**

P.O. BOX 1042  
VENICE, FL 34284 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1042  
VENICE, FL 34284 US

**New Mailing Address:**

FEI Number: 03-0508340      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HINES, BARBARA  
130 RIO TERRA  
VENICE, FL 34285 US

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

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

\_\_\_\_\_ 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:**

Title: PRES ( ) Delete  
Name: CARSE, JAMES L  
Address: P.O. BOX 1042  
City-St-Zip: VENICE, FL 34284 US

Title: TREA ( ) Delete  
Name: HINES, BARBARA  
Address: P.O. BOX 1042  
City-St-Zip: VENICE, FL 34284 US

Title: SEC ( ) Delete  
Name: HINES, BARBARA  
Address: P.O. BOX 1042  
City-St-Zip: VENICE, FL 34284 US

Title: DIR ( ) Delete  
Name: CARSE, JAMES L  
Address: P.O. BOX 1042  
City-St-Zip: VENICE, FL 34284 US

Title: DIR ( ) Delete  
Name: ROUSE, MICHAEL  
Address: P.O. BOX 1042  
City-St-Zip: VENICE, FL 34284 US

Title: DIR ( ) Delete  
Name: HINES, BARBARA  
Address: P.O. BOX 1042  
City-St-Zip: VENICE, FL 34284 US

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

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

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

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

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

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

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: BARBARA HINES

TREA

07/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date