## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 09, 2005 8:00 am Secretary of State **DOCUMENT # P03000042719** 05-09-2005 90282 049 \*\*\*150.00 1. Entity Name T.C.B. TOOLS, INC. Principal Place of Business Mailing Address 23227 JACOBSON RD 23227 JACOBSON RD 14017154 BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 56-2343342 Not Applicable Zip \$8.75 Additional Country Country 5.\_Certificate of Status Desired \_\_ . \_\_\_\_ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BELL, ALLEN Street Address (P.O. Box Number is Not Acceptable) 23227 JACOBSON RD BROOKSVILLE, FL 34601 City 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 President 29 April 05 (NOTE, Registered Agent signature required when reinstating) yped or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BELL, ALLEN NAME NAME STREET ADDRESS 23227 JACOBSON RD STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34601 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Channe ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CfTY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 shalt 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.

**FILED** 

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