


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90024 006 ***150.00

DOCUMENT # P03000053077			
1. Entity Name ON-SITE FASTENERS & SUPPLY, INC.			
Principal Place of Business 1515 COUNTY RD. 210 JACKSONVILLE, FL 32223		Mailing Address 1515 COUNTY RD. 210 JACKSONVILLE, FL 32223	
2. Principal Place of Business 1515 CR 210 W Suite, Apt. #, etc. Suite 201		3. Mailing Address 1515 CR 210 W Suite, Apt. #, etc. Suite 201	
City & State Jacksonville FL		City & State Jacksonville, FL	
Zip 32259	Country St. Johns	Zip 32259	Country St. Johns
4. FEJ Number 41-2094995		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELTON, GINGER G 3820 KARISSA ANN PLACE E. JACKSONVILLE, FL 32223		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent.			
SIGNATURE: <u>Ginger Melton</u>		DATE: <u>01/16/04</u>	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELTON, GINGER G 3820 KARISSA ANN PLACE E. JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MELTON, JONATHAN B 3820 KARISSA ANN PLACE E. JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(i), 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: <u>Ginger Melton</u>		DATE: <u>01/16/04</u> Daytime Phone #: <u>904-819-9889</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



01162004 Chg-P CR2E034 (10/03)