

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90010 049 ***158.75

DOCUMENT # P04000004848

1. Entity Name

MUSTANG FASTENERS, INC.



Principal Place of Business

28709 TANNER DR
WESLEY CHAPEL FL 33543

Mailing Address

28709 TANNER DR
WESLEY CHAPEL FL 33543

54024702



MOORE

CR2E034 (11/03)

2. Principal Place of Business

28709 TANNER DR

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7499

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL.

Zip
33543-5406

Country

USA

City & State

Wesley Chapel, FL.

Zip
33543-5406

Country

USA

4. FEI Number

EIN 32-0109348

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAJTHAML, FARON L
16059 CANOE CREEK RD
OVIEDO FL 32766

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ZEHNDER, JAMES P**
STREET ADDRESS **28709 TANNER DR**
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE **D** ☐ Delete
NAME **CAJTHAML, FARON J**
STREET ADDRESS **16059 CANOE CREEK RD**
CITY-ST-ZIP **OVIEDO FL 32766**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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:

James P. Zehnder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/2004

Date

813-907-0561

Daytime Phone #