## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT** Mar 02, 2007 08:00 AM **Secretary of State** DOCUMENT # P04000006121 \*---AERO INDUSTRIAL TOOL COMPANY Principal Place of Business Mailing Address 799 BELL RD. 799 BELL RD. SARASOTA, FL 34240 SARASOTA, FL 34240 CR2E034 (11/05) No Chg-P 01022007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1196933 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MOSCA, FRANK DO NOT WRITE 8701 MIDNIGHT PASS ROAD 201A SARASOTA, FL 34242 IN THIS SPACE 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE MOSCA, FRANK NAME STREET ADDRESS 8701 MIDNIGHT PASS ROAD 201A CITY-ST-ZIP SARASOTA, FL 34242 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 a other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-Z#P

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/07

Date

Daytime Phone #

**FILED**