


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000091934**

1. Entity Name  
**POWER BOLT AND TOOL, INC.**



Principal Place of Business  
**12541 METRO PARKWAY # 9 FORT MYERS, FL 33912**

Mailing Address  
**6900 DANIELS PKWY STE 29 BOX 349 FORT MYERS, FL 33912**



02082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**61-1472072**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JURSINSKI, KEVIN F  
 7800 UNIVERSITY POINTE DRIVE STE 200  
 FORT MYERS, FL 33907**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000860826  
 04/02/08-80079-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARRETT, LANE F
STREET ADDRESS	12940 KEDLESTO CIRCLE
CITY- ST- ZIP	FORT MYERS, FL 33912
TITLE	D
NAME	SWINK, JEFFREY
STREET ADDRESS	2118 SW 14TH AVE
CITY- ST- ZIP	CAPE CORAL, FL 33991
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *[Signature]* 3/7/08 239-768-9028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #