2007 FOR PROFIT CORPORATION

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ANNUAL REPORT				Apr 05, 2007 08:0 Secretary of St			
	MENT # P040000932		Secretary of St				
1. Entity Nam ALLFAST	^{∩9} ΓFASTENER & TOOL SUPPI						
Principal Plac 4445 SW 35 SUITE 100-D GAINESVILLE)	Mailing Address 4445 SW 35TH TER. SUITE 100-D GAINESVILLE, FL 32608	JS			31 8 8 17 8 8 8 8 9 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B184 1881885 A 5881
•				01152007	No Chg-P	CR2E034 (1	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb	er	CRZEU34 (1	Applied For Not Applicable
					of Status Desired		5 Additional
	6. Name and Address of Current Re	gistered Agent		<u></u>		Fee F	equired
GREENE, 4445 SW 3 SUITE 100 GAINESVI	35TH TER.			NOT W		ans the	
9 The shows							
the obligat	named entity submits this statement for the tions of registered agent.	ne purpose of changing its registe	red office or register	red agent, or bo	th, in the State of Fl	orida. I am familia	ir with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and	im Green tile if applicable (NOTE: Register	es Ageni signatura requirad	when reinstating) -		1/2/2c	07
	: E NOW!!! FEE I\$ \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS	4	· · · · · · · · · · · · · · · · · · ·			
NAME STREET ADDRESS	P,S GREEN, TIM 4445 SW 35TH TER. SUITE 100-D)					
CITY-ST-2IP	GAINESVILLE, FL 32608 VP,T		4		HOO	000691472	
NAME STREET ADDRESS CITY-ST-ZIP	GREENE, PAUL 4445 SW 35TH TER. SUITE 100-D GAINESVILLE. FL 32608				04/13/	07-80012-	006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	IN	THIS SI	PACE	
TITLE NAME STREET ADDRESS							
CITY-ST-ZIP TITLE NAME	The state of the s		.	1 4 ***			

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 tike empowered.

STREET ADDRESS CITY-ST-ZIP -

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR