## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 05, 2005 8:00 am Secretary of State

1. Entity Nam	e	# P0400016: SUPPLY, INC		04-11-2005 90183 018 ***150.00						
Principal Place of Business 5005 40TH STREET TAMPA, FL 33610			Mailing Address 5005 40TH STREET TAMPA, FL 33610		66024204					
2. Principal Place of Business			3. Mailing Address							<b>                                    </b>
Suite, Apt. #, etc.			Suite, Apt. #, etc.		07012005	Chg-P	CR2E	(10/03)		
City & State			City & State			4. FEI Numb	5458a	97		plied For t Applicable
Zip _			Zip	Country		<u>. i</u>	of Status Desired		\$8.75 Add Fec Required	
	6. Name	and Address of Curren	7. Name and Address of New Registered Agent Name							
SPIEGEL & UTRERA, P.A.										
1840 SW 2 4TH FLOO			Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL	33145									
					City			F	L Zip Code	•
	named entit ions of regist		for the purpose of changing	its register	ed office or registe	ered agent, or bo	th, in the State of Flo	orida. I ar	n familiar with,	and accept
SIGNATURE_	Signature, typed	or printed name of registered agen	nt and title if applicable. (Ne	OTE: Registere	ed Agent signature require	ed when reinstating)		DATE		
		1 FEE IS \$550.00 otember 7, 2005	9. Election Camp Trust Fund Co			5.00 May Be Ided to Fees				
10.		OFFICERS AND	DIRECTORS	DIRECTORS 11.		ADDITIONS	CHANGES TO OFF	ICERS AN	ID DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARINA, . 5005 40TI TAMPA, F	H STREET	☐ Delete		- I				Change	☐ Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP	FARINA, GERALDINE A N. 5005 40TH STREET S								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete		i i				□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	CITY	ME EET ADDRESS 7-ST-ZIP				☐ Change	☐ Addition
12. I hereby of indicated	ertify that th on this repo	e information supplied wi rt or supplemental report	th this filing does not qualify is true and accurate and tha	for the exe	emption stated in S ature shall have the	Section 119.07(3) e same legal effe	(i), Florida Statutes. ct as if made under	I further coath; that	ertify that the in I am an officer	formation or director

GERALDINE FARINA

FLC D

FLORIDA DEPARTMENT OF STATE

P.O. Box 6327 Tallahassee, Florida 32314 First-Class Mail U.S. Postage PAID State of Florida 84321

NOTICE OF INTENT TO DISSOLVE

Returned Letter 5/20 With FEI # 52-2458207

OPTION 3 - Receive a form by mail - Allow up to 28 days total processing time.

• Detach this postcard.

Enter address to mail report to, if <u>different</u> from preprinted address.

Affix postage on reverse side and mail.

Document #

COMMENTAL STATE

TAMPA CLUTCH SUPPLY, INC 5005 40TH STREET TAMPA FL 33610-5201 - 4/8/23012

CR2E095-2nd 03/05

Already paid 150.00 Prior to May 1ST.