2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2008 8:00 am Secretary of State

DOCUMENT # P0700002154 1. Entity Name LYDY'S TOOL & DIE SUPPLY COMPANY							03-12-2008 90035 035 ***150.00				
Principal Place of Business 1219 HARBOR HILLS FKWY SAFETY-HARBOR, FL - 34695			Mailing Address 1219 HARBOR HILLS PKWYSAFETY HARBOR, FL34695				40049110				
::CA+LCsET					86 111 2 68 11 86 111 86 111 86 11						
2. Principal Place of Business - No P.O. Box #				3. Mailing Address				o o stare or in	42 i 819 i	SEALPS' R. BANC'S	and er cect
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01092008	Chg-P	CR2E	034 (12/06)	,
City & State				City & State		4. FEI Numb	<i>a</i> 2.39512	کلل		plied For t Applicable	
Zip	Country			Zip Coul		try	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent							7. Name and	Address of New R	egistered	Agent	
SPIEGEL & UTRERA, P.A.						Name					
1840 SW 22ND ST. 4TH FLOOR					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33145											,
						City Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent. SIGNATURE SIGNATURE 1. The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent. SIGNATURE 1. The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent. SIGNATURE 1. The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent. SIGNATURE 1. The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent. SIGNATURE 1. The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent. The above named entity submits this statement for the purpose of changing its registered agent. The above named entity submits this statement for the purpose of changing its registered agent. The above named entity submits this statement for the purpose of changing its registered agent. The above named entity submits this statement for the purpose of changing its registered agent. The above named entity submits this statement for the purpose of changing its registered agent. The above named entity submits this statement for the purpose of changing its registered agent. The above named entity submits this statement for the purpose of changing its registered agent. The above named entity submits this statement for the purpose of changing its registered agent. The above named entity submits this statement for the purpose of changing its registered agent. The above named entitle submits the statement for the purpose of changing its registered agent. The above named entity submits the statement for the purpose of changing its registered agent. The above named								th, in the State of Flo		familiar with	
14. 		or printed name of registered agent	l when reinstating)		DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.							.00 May Be ed to Fees	. 1.		· ·	
10.	OFFICERS AND DIRECTORS						ADDITIONS,	CHANGES TO OFFI	CERS AN	DIRECTORS	S IN 11
TITLE NAME	PSTD Defete				TITLE	I				☐ Change	Addition
STREET ADDRESS City-St-Zip	1219 HARBOR HILLS PKWY SAFETY HARBOR, FL 34695				STRE	ET ADDRESS -ST-ZIP					
TITLE NAME				Delete	TITLE	ľ				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	STI					E - C ET ADDRESS - ST-ZIP					
TITLE				☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP						E ET ADDRESS -ST-Zip		•			, –
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STREET ADDRESS CITY-ST-ZIP						et address -st-zip		.•			
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NAME STREET ADDRESS					NAM! STRE	et address					ļ
CITY-ST-ZIP				Пал	_	-ST-ZIP					
TITLE NAME				☐ Delete	TITLE NAM(;				☐ Change	☐ Addition
STREET ADDRESS						ET ADDRESS					}
City-St-ZiP	certify that th	e information supplied with	this fi	iling does not qualify fo	the eve	-ST-ZIP	Lin Chanter 110	Florida Statutes 1	further cor	tify that the in	formation
indicated of the cor	l on this repo rporation or tl	ort or supplemental report is the receiver or trustee emp- achment with an address,	s true a owerea	and accurate and that n d to execute this report	ny signat as requi	ture shall have the s	same legal effec	ct as if made under o	ath: that I	am an officer	or director