


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P33554 1. Entity Name DIVERSIFIED FASTENING SYSTEMS, INC.	
---	---

Principal Place of Business 501 RICHINGS STREET CHARLES CITY, IA 50616	Mailing Address 501 RICHINGS STREET CHARLES CITY, IA 50616
--	--

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1098666	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNER, JAMES C., JR.
1157 E. TENNESSEE STREET
TALLAHASSEE, FL 32308

**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 reinstalling)
Signature, typed or printed name of registered agent and filer if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CRAWFORD, DAN 2127 UNDERWOOD AVE. CHARLES CITY, IA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C CRAWFORD, DAN 2127 UNDERWOOD AVE. CHARLES CITY, IA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCV CRAWFORD, ELLEN 2127 UNDERWOOD AVE. CHARLES CITY, IA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000328817
04/25/05-80093-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dan Crawford* 4-18-05 644-228-1162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #