


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 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	



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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
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**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PST CRAWFORD, DAN 2127 UNDERWOOD AVE. CHARLES CITY, IA
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	C CRAWFORD, DAN 2127 UNDERWOOD AVE. CHARLES CITY, IA
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VCV CRAWFORD, ELLEN 2127 UNDERWOOD AVE. CHARLES CITY, IA
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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000000810963  
02/11/08-80007-019 150.00

**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]* \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_