

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90365 005 \*\*\*150.00

**DOCUMENT # P95000012327**

1. Entity Name  
**MID-FLORIDA TOOL & FASTENER, INC.**



Principal Place of Business  
**1051 CENTRAL PARK DRIVE  
SANFORD, FL 32771**

Mailing Address  
**1051 CENTRAL PARK DRIVE  
SANFORD, FL 32771**

**14004346**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-3299816**

Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRISON, CHARLES R  
1540 LYNDALE BLVD.  
MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

Name **ERNEST A. HATTON**

Street Address (P.O. Box Number is Not Acceptable)

**1051 Central Park Dr.**

City **Sanford**

**FL**

Zip Code **32771**

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

Signature, typed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **STICKELS, BRUCE T**  
STREET ADDRESS **2460 BOSHILL ST.**  
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE **D** ☐ Delete  
NAME **BRADY, TERRY M**  
STREET ADDRESS **814 SILK OAK TERR**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **D** ☐ Delete  
NAME **HATTON, EARNEST A**  
STREET ADDRESS **715 KENSINGTON GARDENS CT.**  
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **D** ☐ Delete  
NAME **KROL, ALAN**  
STREET ADDRESS **753 SUMMERLAND DR.**  
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ERNEST HATTON** **4-13-04** **407 688-9220**