2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2005 08:00 AM Secretary of State

DOCUMENT # P96000058703 1. Entity Name FORGE FASTENER & SUPPLY, CO.					Scereta	ny or state	
401 E SMITH	e of Business H ST DEN, FL 34787 US	Mailing Address P.O. BOX 680701 ORLANDO, FL 32868 US		4 (20 ((0.7) (# (#X)% # }! ## ##		1881
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01132005 4. FEI Numb 59-339	No Chg-P	CR2E034 (10/03) Applied Not App \$8.75 Additional Fee Required	1 For plicable
6131 LAK	D, RODNEY D EVILLE RD. D, FL 32818	gistered Agent		_	NOT W		
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 or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when relistating) DATE							
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	· - +	.00 May Be ed to Fees	Ugaana 02/05/05-	215956 8002 9 -012 150.1	90
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF PSTD BENEFIELD, RODNEY D 6131 LAKEVIEW ROAD ORLANDO, FL 32818	ECTORS			NOT W THIS SP		
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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

e Daytime Pr