## 2007 FOR PROFIT CORPORATIO

## FILED Jan 29, 2007 08:00 AM Secretary of State

DOCUMENT # P96000058703				٠ .	- Secre	etary o	of State
					2001	J	~ *****
1. Entity Nam			4 4 4				
FORGE	FASTENER & SUPPLY, CO.			marana de caracteria de caract			
Principal Plac	ce of Business	Mailing Address					
		P.O. BOX 680701		İ			
STE 103 APOPKA, FL	32703 US	Orlando, FL 32868 US					
Aruria, il	32703 03		- •				
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_				01242007	No Chg-P	CR2E034	(11/05)
L	OO NOT WRITE I	n this spa	CE	4. FEI Numb			Applied For
					of Status Desired	□ \$8.	.75 Additional Required
	6. Name and Address of Current Regi	stered Agent	· · · · · · · · · · · · · · · · · · ·	<u> </u>		ree	Required
			1				
BENEFIELD, RODNEY D 6131 LAKEVILLE RD.			DO NOT WRITE				
ORLANDO, FL 32818			IN THIS SPACE				
			IN THIS SPACE				
8. The above	named entity submits this statement for the	purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Flori	ida. I am fami	liar with, and accer
the obliga	tions of registered agent.		n.			/ ~	1/
SIGNATURE.	RODNEY D. D.	ME FIELD	PR8	7/DXM	<u> </u>	1-2	4-07
	Signature, typed or printed name at registered agent and title	e if applicable. (NOTE Registero	d Agent signature required	1 when reinstating)	<del>,</del>	DATE	
EII	E NOW!!! FEE IS \$150.00	9. Election Campaign Fina	ncing \$5	.00 May Be	Linnana	לכפקחם	
	ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution.	☐ Add	led to Fees	U0000000   01/31/07⊣	30 103 1 80052-02	22 150 .00
10.	OFFICERS AND DIRE	CTORS					
TITLE	PSTD						
NAME	BENEFIELD, RODNEY D						
STREET ADDRESS	6131 LAKEVIEW ROAD						
CITY-SI-ZIP	ORLANDO, FL 32818	<del> </del>	4				
TITLE							
NAME STREET ADDRESS	en e						
CITY-ST-ZIP							
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NAME	favorage.		1				
STREET ADDRESS			1	$D \cap$	NOT W	DITE	
CITY-ST-ZIP		= <u></u> -	1	טט	IACI AA		
IITLE			1	INI '	THIS CD	ACE	

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: CO D

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-24-07 407-242-27