## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## May 04, 2007 08:00 A Secretary of State **DOCUMENT # P96000065404** 1. Entity Name PONDELLA TOOLS, INC. Principal Place of Business Mailing Address 11560 BENTWOOD COURT 11560 BENTWOOD COURT NORTH FORT MYERS, FL 33917 NORTH FORT MYERS, FL 33917 CR2E034 (11/05) 05022007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0693636 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent JAQUISS, GORDON DO NOT WRITE 11560 BENTWOOD COURT NORTH FORT MYERS, FL 33917 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS TITLE NAME JAQUISS, GORDON W 11560 BENTWOOD COURT STREET ADDRESS U00000760625 CITY-ST-ZIP NORTH FORT MYERS, FL 33917 05/25/07-80021-008 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TIPLE NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP TITLE IN THIS SPACE STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP

MANATURE AND TYPED OR FRINTED SAME OF SIGNING OFFICER OR DIRECTOR

239-731-1771

FILED

Daytime Phone #