2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# P98000086457

Entity Name: QUALIFIED FASTENERS OF FLORIDA, INC.

Current Principal Place of Business:

450 FERN MEADOW LOOP
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

450 FERN MEADOW LOOP
OCOEE, FL 34761

New Mailing Address:

FEI Number: 59-3536248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGNONE, RALPH
452 PELICAN MOORINGS
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEWIS, JAMES B
Address: 1601 AUGUST RD
City-St-Zip: NORTH BABYLON, NY 11703

Title: D ( ) Delete
Name: LISTER, STEVEN W
Address: 450 FERN MEADOW LOOP
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete
Name: AGNONE, RALPH M
Address: 3 MILHOUSE LN
City-St-Zip: LAKE GROVE, NY 11755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: AGNONE, RALPH M
Address: 117 NADIA COURT
City-St-Zip: PORT JEFFERSON, NY 11777

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH AGNONE D 04/26/2005

Electronic Signature of Signing Officer or Director Date