

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000080121

FILED
Mar 10, 2004
Secretary of State

Entity Name: CAPITOL INDUSTRIAL SAWS, INC.

Current Principal Place of Business:

15935 ASSEMBLY LOOP
JUPITER, FL 33478

New Principal Place of Business:

Current Mailing Address:

5024 SE GEM DRIVE
STUART, FL 34997

New Mailing Address:

FEI Number: 65-0947555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEIERMEISTER, LORRAINE
28 SW HIDEAWAY PLACE
STUART, FL 34994

Name and Address of New Registered Agent:

BEIERMEISTER, LORRAINE
5024 S.E. GEM DRIVE
STUART, FL 34997

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:

03/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BEIERMEISTER, LORRAINE
Address: 7100-39 FAIRWAY DR, PMB 202E
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VSD () Delete
Name: BEIERMEISTER, ELWOOD
Address: 7100-39 FAIRWAY DR, PMB 202E
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: BEIERMEISTER, LORRAINE
Address: 5024 S.E. GEM DRIVE
City-St-Zip: STUART, FL 34997

Title: VSD (X) Change () Addition
Name: BEIERMEISTER, ELWOOD
Address: 5024 S.E. GEM DRIVE
City-St-Zip: STUART, FL 34997

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: LORRAINE A. BEIERMEISTER

PRES

03/10/2004

Electronic Signature of Signing Officer or Director

Date