


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90003 024 ***150.00

DOCUMENT # 427984

1. Entity Name
BELTRAM EDGE TOOL SUPPLY, INC.



Principal Place of Business Mailing Address
6800 N. FLORIDA AVE **6800 N. FLORIDA AVE**
TAMPA, FL 33604 US **TAMPA, FL 33604 US**

54013061

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02252004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1468996 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BELTRAM, DANIEL G.
6726 FLORIDA AVENUE
TAMPA, FL 33604

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BELTRAM, DANIEL G.	
STREET ADDRESS	6800 N FLORIDA AVENUE	
CITY-ST-ZIP	TAMPA, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	POLEWASKI, XIOMARA E	
STREET ADDRESS	6800 N FLORIDA AVENUE	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	COPE, ALLEN	
STREET ADDRESS	6800 N FLORIDA AVENUE	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MCCAIN, KATHLEEN	
STREET ADDRESS	6800 N FLORIDA AVENUE	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STANFORD, CAROL J	
STREET ADDRESS	6800 N FLORIDA AVENUE	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Daniel G. Beltram* *2-26-04* *813-239-1136*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #