


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



04142005    No 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

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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, 2005 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
NAME	BELTRAM, DANIEL G.
STREET ADDRESS	6800 N FLORIDA AVENUE
CITY - ST - ZIP	TAMPA, FL
TITLE	S
NAME	POLEWASKI, XIOMARA E
STREET ADDRESS	6800 N FLORIDA AVENUE
CITY - ST - ZIP	TAMPA, FL 33604
TITLE	VP
NAME	STANFORD, CAROL J
STREET ADDRESS	6800 N FLORIDA AVENUE
CITY - ST - ZIP	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 04/21/05-80001-015 150.00

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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*      4/14/05      813-239-1136  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #