

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 549460

Entity Name: DOWELS, PINS & SHAFTS, INC.**Current Principal Place of Business:**1975 CALUMET ST.
CLEARWATER, FL 33765**Current Mailing Address:**PO BOX 1135
DUNEDIN, FL 34697-1135 US**FEI Number: 59-1780438****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MICKELSON, THOMAS & ELLEN
1975 CALUMET ST
CLEARWATER, FL 33765 US*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**Officer/Director Detail :**

Title	PD
Name	MICKELSON, THOMAS R
Address	2182 PADDOCK CIRCLE
City-State-Zip:	DUNEDIN FL 34698

Title	VP
Name	MICKELSON, ELLEN F
Address	2182 PADDOCK CIRCLE
City-State-Zip:	DUNEDIN FL 34698

Title	D
Name	MICKELSON, ELLEN F
Address	2182 PADDOCK CIRCLE
City-State-Zip:	DUNEDIN FL 34698

Title	T
Name	HAMMOND, BRIDGET
Address	1920 SADDLE HILL ROAD NORTH
City-State-Zip:	DUNEDIN FL 34698

Title	SECRETARY
Name	MICKELSON, ELLEN F
Address	2182 PADDOCK CIRCLE
City-State-Zip:	DUNEDIN FL 34698

Title	DIR
Name	MICKELSON, THOMAS R
Address	2182 PADDOCK CIRCLE
City-State-Zip:	DUNEDIN FL 34698

I hereby 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 all other like empowered.

SIGNATURE: THOMAS R. MICKELSON**PRESIDENT****04/23/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date