2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # 268933

Entity Name

BUILDERS HARDWARE, INC.



Principal Place of Business

14810 N 12TH ST LUTZ, FL 33549

Mailing Address

P.O. BOX 17278 TAMPA, FL 33682 US

FILED Apr 08, 2004 08:00 AM Secretary of State



02162004

No Cha-P

CR2E034 (10/03)

4. FEI Number 59-0998968

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GODWIN, LESLIE B 3811 MORAN ROAD TAMPA, FL 33618

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent and Title if applicable).				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	icing :	\$5.00 May Be Added to Fees	U00000106590 U4/08/04-80021-019 150.00
10.	OFFICERS AND DIRECTORS				
TITLE	PD	•			
NAME	GODWIN,LESLIE B		l		
STREET ADDRESS	14810 N. 12TH STREET				
CHTY - ST-ZIP	TAMPA, FL				
THILE	VD		l		
NAME	GODWIN, SYLVIA M				
STREET ADDRESS	14810 N, 12TH STREET		l		,
CITY - ST - ZIP	TAMPA, FL				,
TITLE	S				
NAME	GODWIN,L.B.		1		
STREET ADDRESS	14810 N. 12TH STREET			200	NOT MOITE
CATY -ST-ZAP	TAMPA, FL			DO	NOT WRITE
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STREET ADDRESS	14810 N. 12TH STREET				
CATY-ST-ZAP	TAMPA, FL				
TITLE					- ·
NAME			ŀ		
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CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutës. 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:

HILE NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR