

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 268933

FILED
Apr 16, 2007
Secretary of State

Entity Name: BUILDERS HARDWARE, INC.

Current Principal Place of Business:

5615 E. POWHATAN AVE
TAMPA, FL 336102017 US

New Principal Place of Business:

Current Mailing Address:

5615 E. POWHATAN AVE
TAMPA, FL 336102017 US

New Mailing Address:

FEI Number: 59-0998968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GODWIN,LESLIE B
5615 E. POWHATAN AVENUE
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GODWIN,LESLIE B,
Address: 5615 E. POWHATAN AVE
City-St-Zip: TAMPA, FL 336102017

Title: VD () Delete
Name: GODWIN,SYLVIA M,
Address: 5615 E. POWHATAN AVE
City-St-Zip: TAMPA, FL 336102017

Title: S () Delete
Name: GODWIN,L.B.,
Address: 5615 E. POWHATAN AVE
City-St-Zip: TAMPA, FL 336102017

Title: T () Delete
Name: GODWIN,SM,
Address: 5615 E. POWHATAN AVE
City-St-Zip: TAMPA, FL 336102017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GODWIN,L.B.

PD

04/16/2007

Electronic Signature of Signing Officer or Director

Date