


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 586103</b> 1. Entity Name UMATILLA HARDWARE, INC.	
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Principal Place of Business 811 N. CENTRAL AVENUE UMATILLA, FL 32784 US	Mailing Address 811 N. CENTRAL AVENUE UMATILLA, FL 32784 US
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**DO NOT WRITE IN THIS SPACE**



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1846066	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, ROY C.  
723 SUNRISE DR  
EUSTIS, FL 32726

**DO NOT WRITE  
IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, ROY C. SUNRISE DRIVE LAKE JONNA EUSTIS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTER, ROYCADE, JR. SUNRISE DRIVE LAKE JONNA EUSTIS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARTER, DELORIS P. SUNRISE DRIVE LAKE JONNA EUSTIS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, DEEANN 24517 SOUTHEAST HWY 450 UMATILLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, CHARLES 24517 SOUTHEAST HWY 450 UMATILLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000039745  
02/03/04-80020-003 150.00

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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:** *Charles Wilson* **Charles Wilson VP** **2/1/4** **352-669-3411**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #