


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 586103  
 1. Entity Name  
 UMATILLA HARDWARE, INC.



Principal Place of Business      Mailing Address  
 811 N. CENTRAL AVENUE      811 N. CENTRAL AVENUE  
 UMATILLA, FL 32784 US      UMATILLA, FL 32784 US

**DO NOT WRITE IN THIS SPACE**



03022005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-1846066      Not Applicable

5. Certificate of Status Desired            \$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 \_\_\_\_\_

**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

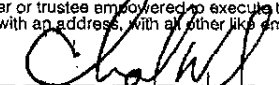
10. OFFICERS AND DIRECTORS

TITLE 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	

100000275940  
 03/25/05-80020-012-150.00

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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)(f), 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      3/22/5      3526693411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day/Even Phone #