

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 586103**

1. Entity Name  
**UMATILLA HARDWARE, INC.**



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

Mailing Address  
**811 N. CENTRAL AVENUE  
UMATILLA, FL 32784 US**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**



01252008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1846066** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**02/17/06-80088-015 150.00**

**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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/6**

Date

**352-669-34**

Daytime Phone #