


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02282008 Chg-P CR2E034 (12/06)

4. FEI Number
59-1846066 Applied For
 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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CARTER, ROY C.	
STREET ADDRESS	SUNRISE DRIVE LAKE JONNA	
CITY-ST-ZIP	EUSTIS, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARTER, ROYCADE, JR.	
STREET ADDRESS	SUNRISE DRIVE LAKE JONNA	
CITY-ST-ZIP	EUSTIS, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARTER, DELORIS P.	
STREET ADDRESS	SUNRISE DRIVE LAKE JONNA	
CITY-ST-ZIP	EUSTIS, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILSON, DEEANN	
STREET ADDRESS	24517 SOUTHEAST HWY 450	
CITY-ST-ZIP	UMATILLA, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON, CHARLES	
STREET ADDRESS	24517 SOUTHEAST HWY 450	
CITY-ST-ZIP	UMATILLA, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** **3/14/8** **352-669-3411**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #