


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # H34165


1. Entity Name
STEINHATCHEE HARDWARE AND BUILDING SUPPLY, INC.



Principal Place of Business: **HOWARD L. HART
MULLET ST.
STEINHATCHEE, FL 32359**

Mailing Address: **P.O. BOX 101
STEINHATCHEE, FL 32359-0101**

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2479507	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

**HART, HOWARD L.
MULLET ST.
STEINHATCHEE, FL 32359**

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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 _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PD HART, HOWARD L. POB 101, MULLET ST. STEINHATCHEE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DTS HART, JOYCE S. POB 101, MULLET ST. STEINHATCHEE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T ALLEN, KAY H POB 453 WAYNE CORBIN RD STEINHATCHEE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S RAYBORN, RENEE POB 549 WAYNE CORBIN RD STEINHATCHEE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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: Kay H. Allen Kay, H. Allen 2-6-07 352-498-7269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *