


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 155818 1. Entity Name STUART HARDWARE CO., INC.	
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Principal Place of Business 975 S FEDERAL HIGHWAY P.O. BOX 437 STUART, FL 34995	Mailing Address 975 S FEDERAL HIGHWAY P.O. BOX 437 STUART, FL 34995
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03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0589136	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GODBURN, GARY, P
2326 S.W. FRISCO TERR
PORT ST LUCIE, FL 34953**

**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 fee, if applicable

(NOTE: Registered Agent signature required when appointing)

DATE

**FILE NOW!!! FEE is \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000093145
03/22/04-80006-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	VSD HOFFMAN, KRISTINA 975 SO FEDERAL HIGHWAY STUART, FL
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TITLE NAME STREET ADDRESS CITY ST ZIP	VTD COLLINS, CHAD 975 S. FEDERAL HWY STUART, FL 34994
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TITLE NAME STREET ADDRESS CITY ST ZIP	PD GODBURN, GARY, P 975 S FEDERAL HWY STUART, FL
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TITLE NAME STREET ADDRESS CITY ST ZIP	
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TITLE NAME STREET ADDRESS CITY ST ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Kristina Hoffman* **Kristina Hoffman** **3-18-04 712-334-4258**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Business Phone #