


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.



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**

DO NOT WRITE IN THIS SPACE



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number: **59-0589136** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$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**

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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 fee if applicable) (NOTE: Registered Agent signature required when appointing)

**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

U00000093145
 03/22/04-80006-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	HOFFMAN, KRISTINA
STREET ADDRESS	975 SO FEDERAL HIGHWAY
CITY ST ZIP	STUART, FL
TITLE	VTD
NAME	COLLINS, CHAD
STREET ADDRESS	975 S. FEDERAL HWY
CITY ST ZIP	STUART, FL 34994
TITLE	PD
NAME	GODBURN, GARY, P
STREET ADDRESS	975 S FEDERAL HWY
CITY ST ZIP	STUART, 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 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 72-334-4258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Certificate No. 30