

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90040 040 \*\*\*150.00

**DOCUMENT # 245262**

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



Principal Place of Business  
**580 ATLANTIC BLVD  
NEPTUNE BEACH, FL 32266**

Mailing Address  
**580 ATLANTIC BLVD  
NEPTUNE BEACH, FL 32266**

**50000885**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142008

Chg-P

CR2E034 (12/06)

4. FEI Number  
**59-0916340**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**PROCTOR, JACK F.  
525 N. THIRD STREET  
JACKSONVILLE BEACH, FL 32250**

## 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

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
PROCTOR, JACK F  
4495 GOLDCREST LN  
JACKSONVILLE, FL 32224** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
PROCTOR, STEPHEN P.  
2309 PINE ISLAND CT  
JACKSONVILLE, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COO  
PROCTOR, BETTY LEE  
4495 GOLDCREST LN  
JACKSONVILLE, FL 32224** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
PROCTOR, JOSEPH F.  
1344 PINWOOD RD.  
JACKSONVILLE BCH, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
PROCTOR, ELIZABETH W.  
1012 BUDDY CROUT LN  
NEPTUNE BEACH, FL 32266** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
PROCTOR, DANIEL C.  
1926 IBIS POINT LANE  
JACKSONVILLE, FL** ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**V  
Proctor, Daniel C.  
580 Atlantic Blvd  
Neptune Beach, FL 32266**

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 I am empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-26-08**

Date

**(904)249-0179**

Daytime Phone #