


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90127 016 ***150.00

DOCUMENT # 268933 1. Entity Name BUILDERS HARDWARE, INC.	
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Principal Place of Business 14810 N 12TH ST LUTZ, FL 33558	Mailing Address P.O. BOX 17278 TAMPA, FL 33682 US
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Our address has changed
5615 E. Powhatan Avenue
Tampa, Florida 33610-2017



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0998968	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 GODWIN, LESLIE B 3811 MORAN ROAD TAMPA, FL 33618

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 GODWIN, LESLIE B 14810 N. 12TH STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GODWIN, SYLVIA M 14810 N. 12TH STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GODWIN, L.B. 14810 N. 12TH STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GODWIN, SM 14810 N. 12TH STREET TAMPA, FL
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 119.07(3)(i), 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:

Leslie B. Godwin LESLIE B. GODWIN

3/11/05 8/3 971-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #