

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90008 003 ***150.00

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1. Entity Name
ROSS HARDWARE INC



Principal Place of Business
**29 NE 5TH ST
WILLISTON, FL 32696-2201**

Mailing Address
**29 NE 5TH ST
WILLISTON, FL 32696-2201**

DO NOT WRITE IN THIS SPACE



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-1051400** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSS, MARY S
29 NE 5TH ST.
WILLISTON, FL 32696**

**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 Mary S. Ross (President) Mary S. Ross DATE 2/27/04
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROSS, MARY S
STREET ADDRESS 29 NE 5TH ST.
CITY-ST-ZIP WILLISTON, FL

TITLE VSTD
NAME ROSS, REGINALD H SR.
STREET ADDRESS 29 NE 5TH STREET
CITY-ST-ZIP WILLISTON, FL

TITLE D
NAME CASON, TRINA R
STREET ADDRESS 20750 E LEVY ST
CITY-ST-ZIP WILLISTON, FL 32696

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Mary S. Ross President Mary S. Ross DATE 2/29/04 352-5286261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR