2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 282934

1. Entity Name
ROSS HARDWARE INC

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

DO NOT WRITE IN THIS SPACE

40029234

02162007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1051400	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*   *2-23-07*

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, 2007 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 *Vice President*
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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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 like empowered.

SIGNATURE: *Mary S Ross, President*   *2-23-07*   *352-529-626/*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #