


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 318283 1. Entity Name GEORGE'S HARDWARE, INCORPORATED	
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Principal Place of Business 3424 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32607	Mailing Address 3424 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32607
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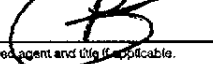
01302006	No Chg-P	CR2E034 (11/05)
4. FEI Number 59-1169282	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GEORGE, ROBERT L 6507 NW 132ND ST GAINESVILLE, FL 32606
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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  (NOTE: Registered Agent signature required when reinstating) 1/30/06 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000413011 02/10/06-80071-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEORGE, ROBERT L 6507 NW 132ND ST. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GEORGE, KAY C 6507 NW 132ND ST GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GEORGE, BRIAN S 6507 SW 13 ST GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABNER, PAMULA F. 6507 NW 132 ST GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  1/30/06 DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #