2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 30, 2007 08:00 AM **DOCUMENT # 318283 Secretary of State** GEORGE'S HARDWARE, INCORPORATED Principal Place of Business Mailing Address 3424 WEST UNIVERSITY AVENUE GAINESVILLE FL 32607 3424 WEST UNIVERSITY AVENUE GAINESVILLE FL 32607 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, otc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Numbor 59-1169282 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo GEORGE, ROBERT L 6507 NW 132ND ST Stroot Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32606** City 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 little if applicable (NO1E: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete IIILE Change ☐ Addition GEORGE, ROBERT L NAME. 000000611165 NAME 6507 NW 132ND ST. STREET ADDRESS STREET ADDRESS 02/02/07-80050-014 150.00 GAINESVILLE FL CiTY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition GEORGE, KAY C NAME NAME 6507 NW 132ND ST STREET ADDRESS STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP CHY-SI-7IP HILE Delete TILLE Change Addition NAME GEORGE, BRIAN S NAME STREET ADDRESS 6507 SW 13 ST STREET ADDRESS **GAINESVILLE FL** CITY - ST - ZIP CITY-ST-ZIP THE ☐ Delete THE ☐ Change ☐ Addition ABNER, PAMULA F. NAME NAME 6507 NW 132 ST STREET ADDRESS STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STRUET ADDRESS CITY ST - ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Delete Addition NAME NAME SURFET ADDRESS STREET ADDRESS CITY ST ZIP CITY-SI-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytone Phone •