2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 335136

1. Entity Name
DADE CITY HARDWARE, INC.

Principal Place of Business	Mailing Address
14320 7TH ST DADE CITY, FL 33523 US	14320 7TH ST DADE CITY, FL 33523 US

DO NOT WRITE IN THIS SPACE

01202005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-1311054	Applied For Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWSOME,JOHN
14320 7TH ST
DADE CITY, FL 33523

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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	PD
NAME	NEWSOME,JOHN
STREET ADDRESS	10210 NEWSOME ROAD
CITY-ST-ZIP	DADE CITY, FL

TITLE	STD
NAME	KATHRYN NEWSOME
STREET ADDRESS	10210 NEWSOME ROAD
CITY-ST-ZIP	DADE CITY, FL

U00000222556
02/10/05-80003-021   150.00

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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: *John M. Newsome, Sr*   John M. Newsome, Sr   1/20/05   (352) 567-3362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #