

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 335136**

1. Entity Name  
**DADE CITY HARDWARE, INC.**



Principal Place of Business

14320 7TH ST  
 DADE CITY, FL 33523 US

Mailing Address

14320 7TH ST  
 DADE CITY, FL 33523 US



07172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1311054</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U00000572182  
~~07/25/06 80010 000 150.00~~

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NEWSOME, JOHN 10210 NEWSOME ROAD DADE CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KATHRYN NEWSOME 10210 NEWSOME ROAD DADE CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:** *John M. Newsome*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Newsome

7/18/06

352-567-3362

Date

Daytime Phone #