

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90092 048 ***150.00

DOCUMENT # 349807

1. Entity Name

H.C. HODGES CASH AND CARRY, INC.



Principal Place of Business

253 NORTH 9TH STREET
DEFUNIAK SPRINGS FL 32433

Mailing Address

253 NORTH 9TH STREET
DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business

648 Perdue

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1358

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

De Funiak Springs FL

Zip

32433

Country

Walter

City & State

De Funiak Springs FL

Zip

32435

Country

Walter

4. FEI Number

59-1237725

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSHING, SUE
253 NORTH 9TH STREET
DEFUNIAK SPRINGS FL 32433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Sue Rushing

(NOT: Registered Agent signature required when reinstating)

1/30/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPSPD
NAME RUSHING, KIRBY
STREET ADDRESS P.O. BOX 1358 N/A
CITY-ST-ZIP DEFUNIAK SPGS. FL 32435

☐ Delete

TITLE PTD
NAME RUSHING, SUE
STREET ADDRESS P.O. BOX 1358 N/A
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

Sue Rushing

1/30/04

Date

850-892-3334

Daytime Phone #