2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED **DOCUMENT # 386384** Apr 20, 2006 08:00 AN 1. Entity Name **Secretary of State** GROVELAND LUMBER & HARDWARE CO. Mailing Address Principal Place of Business 247 W BROAD ST 1912 18TH ST W **BRADENTON FL 34205 GROVELAND FL 34736** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1364339 Not Applicab Ziρ Ζıp Country 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 Name JORDAN, LENNON D. Street Address (P.O. Box Number is Not Acceptable) 1912 18TH ST W BRADENTON FL 34205 City Zip Code FI 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 reduited when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change ☐ Additio THILE U00000520711 MAME JORDAN, LENNON D NAME 05/02/06-80105-018 150.00 STREET ADDRESS STREET ADDRESS 1912 18TH ST W CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34205 ☐ Delete TITLE ☐ Change Adoini TITLE MAME JORDAN, GRACE S NAME STREET ADDRESS STREET ADDRESS 1912 18TH ST W CITY-ST-ZIP CITY-ST-7P **BRADENTON FL 34205** Delete THILE ☐ Chapqe . . ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change A.G. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST-70P CITY-ST-7IF Addition Detete TiTl F Change TITLE NAME MALKE STREET ADDRESS STREET ADDRESS CHY-53-2/P CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTS NAME OF SIGNING OFFICER OR DIRECTOR

Date:

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