

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 447480

FILED
Feb 08, 2007
Secretary of State

Entity Name: JASPER HARDWARE & SUPPLY CO., INC.

Current Principal Place of Business:

202 N. CENTRAL AVENUE
P.O. BOX 351
JASPER, FL 320520351

New Principal Place of Business:

202 N. CENTRAL AVENUE
JASPER, FL 32052

Current Mailing Address:

202 N. CENTRAL AVENUE
P.O. BOX 351
JASPER, FL 320520351

New Mailing Address:

P O BOX 351
JASPER, FL 32052

FEI Number: 59-1513794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCAFF, KENNETH N JR
215 NE 2ND ST
JASPER, FL 32052 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HAMM, GLORIA O,
Address: 1116 FIELDCREST RD
City-St-Zip: JASPER, FL 32052

Title: PD () Delete
Name: HAMM, CHARLES D,
Address: 1116 FIELDCREST RD.
City-St-Zip: JASPER, FL 32052

Title: V () Delete
Name: HAMM, WILLIAM T,
Address: 6606 NW 44TH ST.
City-St-Zip: JENNINGS, FL 32053

Title: ST () Delete
Name: JOHNSON, CHRISTINA H, AMM
Address: 1911 WIMBLETON BLVD
City-St-Zip: MARYVILLE, TN 37803

Title: AST () Delete
Name: KINDALL, REBECCA H
Address: 610 PINEWOOD RD
City-St-Zip: JASPER, FL 32052

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA O HAMM

ST

02/08/2007

Electronic Signature of Signing Officer or Director

Date