

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90092 041 \*\*\*150.00



**DOCUMENT # 611992**  
 1. Entity Name  
**CLEARWATER BEACH TRU-VALUE HARDWARE, INC.**

Principal Place of Business  
**439 POINSETTIA AVE.  
 CLEARWATER BCH, FL 34630**

Mailing Address  
**439 POINSETTIA AVE.  
 CLEARWATER, FL 33767**

2. Principal Place of Business  
**3543 Lake Highland Drive**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3543 Lake Highland Drive**  
 Suite, Apt. #, etc.

City & State  
**PALM HARBOR FL**

City & State  
**PALM HARBOR**

Zip  
**34683**

Country  
**USA**

Zip  
**34683**

Country  
**USA**



03092006 Chg-P CR2E034 (11/05)

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

**SCHUTZENDORF, GREGORY H  
 3543 LAKE HIGHLAND DRIVE  
 PALM HARBOR, FL 34683**

**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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SCHUTZENDORF, GREGORY H 3543 LAKE HIGHLAND DRIVE PALM HARBOR, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDV SCHUTZENDORF, GREGORY 439 POINSETTIA AVE. CLEARWATER BCH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *G.H. Schutzendorf* **3-13-06** 727-784-2715  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #