

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # F97000002793

1. Entity Name
HOUSE-HASSON HARDWARE COMPANY



Principal Place of Business
3125 WATER PLANT ROAD
KNOXVILLE, TN 37914

Mailing Address
3125 WATER PLANT ROAD
KNOXVILLE, TN 37914



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number
62-0242050

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000904406
05/01/08-80011-016 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MARTIN, A D
625 S GAY STREET STE 200
KNOXVILLE, TN 37920

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
HASSON, DON C
6417 SHERWOOD DR
KNOXVILLE, TN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
MCLEAN, DONALD M
334 FALLEN OAK CIRCLE
SEYMOUR, TN 37865

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
HINES, KENNETH F
129 SCENIC DR GRANDVIEW
MARYVILLE, TN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
WINN, GERALD L
4725 MCGINNIS ROAD
CORYTON, TN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HASSON, JAMES K
999 PEACHTREE ST. NW
ATLANTA, GA 303093996

**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:

Donald M. McLean DONALD M. MCLEAN, V.P. 4/9/08 (865) 525-0471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #