


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90055 026 \*\*\*150.00

<b>DOCUMENT # G46720</b> 1. Entity Name <b>BRAY HARDWARE COMPANY, INC.</b>	
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Principal Place of Business <b>500 S DILLARD PO BOX 770099 WINTER GARDEN, FL 34777-7099</b>	Mailing Address <b>500 S DILLARD PO BOX 770099 WINTER GARDEN, FL 34777-7099</b>
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**DO NOT WRITE IN THIS SPACE**



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2311433</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**TOOLE, WALTER S., II  
500 S. DILLAR ST  
WINTER GARDEN, FL 32787**

**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 Walter S. Toole II DATE 2/7/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	DP TOOLE, WALTER S II 11347 WILLOW ISLE DR WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOLE, PATRICIA S. 11347 WILLOW ISLE DR WINDERMERE, FL
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**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: Walter S. Toole II DATE 3/3/07 DAYTIME PHONE # 407-656-2593  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0870.