

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J30662

FILED
Apr 24, 2004
Secretary of State

Entity Name: MOORE'S TRUE VALUE HARDWARE, INC.

Current Principal Place of Business:

5034 SEMINOLE PRATT WHITNEY RD.
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

5034 SEMINOLE PRATT WHITNEY RD.
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 59-2323815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THROOP, JOHN
5034 SEMINOLE PRATT WHITNEY RD.
LOXAHATCHEE, FL 33470

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: PD () Delete
Name: THROOP, JOHN,
Address: 10193 SOUTHERN BLVD
City-St-Zip: WEST PALM BEACH, FL

Title: VS () Delete
Name: THROOP, PATRICIA,
Address: 10193 SOUTHERN BLVD.
City-St-Zip: W. PALM BCH., FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: PATRICIA THROOP

VS

04/24/2004

Electronic Signature of Signing Officer or Director

Date