

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # J30662

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



Principal Place of Business  
7070 SEMINOLE PRATT WHITNEY RD  
#16  
LOXAHATCHEE, FL 33470

Mailing Address  
7070 SEMINOLE PRATT WHITNEY RD  
#16  
LOXAHATCHEE, FL 33470



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2323815

Applied For  
Not Applicable

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

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

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

**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**

U00000085123  
04/18/08-80001-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME THROOP, JOHN  
STREET ADDRESS 7070 SEMINOLE PRATT WHITNEY RD #16  
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE VS  
NAME THROOP, PATRICIA  
STREET ADDRESS 7070 SEMINOLE PRATT WHITNEY RD #16  
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:

*Patricia Throop* *Patricia Throop* 3/3/08 561-3335090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #