## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jan 17, 2006 08:00 AM Secretary of State

				,	occi cum;	oi Sta	
1. Entity Nam	MENT # J32932 ER HARDWARE, INC.						-
Principal Place 625 BEACHL	AND BLVD	Mailing Address 625 BEACHLAND BLVD					
VERO BEACH	i, FL 32963	VERO BEACH, FL 32963					
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ם	O NOT WRITE	IN THIS SPA	ČE	4. FEI Number 59-27177		<del></del>	Applied For 11ot Applicable
		The second of the second	er alle og flyg flyg av er g	5. Certificate of S		\$8.75 / Fee Requ	Additional
	6. Name and Address of Current Re	gistered Agent					***
WELCH, ROBERT G. JR. 625 BEACHLAND BLVD VERO BEACH, FL 32963			DO NOT WRITE				
I L KO DL	10,1,1 12 02000		Į.	!N ! !	HIS SPA	CE	. •
8. The above the obligat	named entity submits this statement for the tions of registered agent.	e purpose of changing its regist	ered office or registe	red agent, or both, i	n the State of Florida	. I am familiar w	ith, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	tale if applicable (NOTE Regist	ered Agent argnesure recruire	d when reinstating)		DATE	
FII. After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fir Trust Fund Contribution	nancing \$5 n. D Add	.00 May Be fed to Fees			
10.	OFFICERS AND DI	RECTORS					•• .
NAME STREET ADDRESS CITY-ST-ZIP	P WELCH, ROBERT G. JR 625 BEACHLAND BLVD VERO BCH., FL				9000000 8-30719000	87728 Meiori	101 111
TITLE NAME STREET ADDRESS CITY-ST-DP					01/19/00-9	,	. 120.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-· -			DO I	NOT WE	RITE	
TITLE NAME STREET AODRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						··	
TITLE NAME STREET ADDRESS							

the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is significant shall have the same legal effect as if made under oath, that I am an officer or director is sequired by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if ROCERT WELCH, JR. 12. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that m of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with a pather like empowered. PRESIDENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

(112)231-5844