

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90128 028 ***150.00

DOCUMENT # K98876

1. Entity Name
CASE HARDWARE, INC.



Principal Place of Business

**14352 7TH STR
DADE CITY, FL 33523 US**

Mailing Address

**14352 7TH STR
DADE CITY, FL 33525 US**

2. Principal Place of Business - No P.O. Box #
13740 1st Street

3. Mailing Address
13740 1st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252007

Chg-P

CR2E034 (12/06)

City & State
Dade City, FL

City & State
Dade City, FL

4. FEI Number
59-2975397

Applied For
Not Applicable

Zip
33525

Country
Pasco

Zip
33525

Country
Pasco

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUCKIE, CHARLIE, JR.
504 E. FLORIDA AVE.
DADE CITY, FL 33525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 **D** ☐ Delete
NAME **CASE, ROBERT M., JR.**
STREET ADDRESS **2108 NORTH MARION LANE**
CITY-ST-ZIP **DADE CITY, FL**

TITLE **D** ☐ Delete
NAME **CASE, ROBERT M.**
STREET ADDRESS **804 SOUTH FIRST STREET**
CITY-ST-ZIP **DADE CITY, FL**

TITLE **D** ☐ Delete
NAME **CASE, DOROTHY M.**
STREET ADDRESS **804 SOUTH FIRST STREET**
CITY-ST-ZIP **DADE CITY, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Robert M. Case*

Robert M. Case

3/27/07

352-567-3023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #