2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

Mar 30, 2007 8:00 am Secretary of State DOCUMENT # L06000001925 1. Entity Name 03-30-2007 90039 011 ****50.00 OLD TOWN HARDWARE & SUPPLY, LLC Principal Place of Business Mailing Address STATE ROAD 349 SOUTH OLD TOWN FL 32680 PO BOX 207 OLD TOWN FL 32680 2. Principal Place of Business - No P.O. Box 164 5E Suito, Apt. #, etc. P.O. Box 519 1st MOORE CR2E083 (10/06) City & State 4. FEI Number Applied For City & State old TOWN. 86-1157076 Old TOWN Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired U SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALL, HARRIET A STATE ROAD 349 SOUTH OLD TOWN FL 32680 Zip Code **3268**0 IOWN 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. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. TITLE MGR ☐ Deleic Change Addition MGK NAME WALL, HARRIET A STREET ADDRESS STATE ROAD 349 SOUTH STREET ADDRESS CLTY_S1-7IP CHY-SI-79 OLD TOWN FL 32680 DILL. ☐ Delete TITLE Change Addition MGR NAME NAME WALL, ROLFE E WALL, ROIFE E. STREELADORESS STREET ADORESS 164 S.E. 349 HWY. 010 TOWN, F1. 32680 STATE ROAD 349 SOUTH CHY SI-ZIP CHY SL ZIP OLD TOWN FL 32680 ☐ Delete Change Addition NAM STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST ZIP ☐ Delete THE TITLE Change ☐ Addition NAMI NAME STREET ADDRESS STRUCT ADDRESS CHY SI-7P CITY ST ZIP ... Delete ☐ Change Addition HIG. mu. NAM NAM STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY S1-ZP HILLE ☐ Delete TITLE ☐ Change Addition NAMI NAMI STREET ADDRESS STREET ADORESS CHY-SI-ZP CHY-S1-71P 11. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execuje this report as required by Chapter 608, Florida Statutes.

FILED