


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000067645	
1. Entity Name BRANFORD HARDWARE, INC.	

Principal Place of Business 105 NW SUWANNEE AVE. BRANFORD, FL 32008	Mailing Address PO BOX 948 BRANFORD, FL 32008
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DO NOT WRITE IN THIS SPACE

03292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3731110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BARNES, LARRY D
25807 E. HWY. 247
BRANFORD, FL 32060**

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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE _____
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, LARRY D PO BOX 935 BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, BLENDA S PO BOX 215 BRANFORD, FL 32008
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04/15/08-80069-012 150.00

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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: Blenda S Thompson Blenda S Thompson 4/1/08 386935-1058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #