## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000072484

Entity Name: HARDWARE & BUSINESS SOLUTIONS. INC

FILED Apr 24, 2008 Secretary of State

Entity Nai	me: HARDVV	AKE & BUSINESS SOLUTION:	S, INC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	NOLIA LANE , FL 32177888	2				
Current Mailing Address:			New Maili	New Mailing Address:		
	NOLIA LANE , FL 32177888	2				
FEI Number	: 59-3733180	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
104 MAGN	.D, CATHERIN NOLIA LANE , FL 32177888					
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	nic Signature of Registered Age	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( SHEFFIELD, C 104 MAGNOLIA PALATKA, FL	A LANE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( SHEFFIELD, R 104 MAGNOLIA PALATKA, FL	LANE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( SHEFFIELD, C 104 MAGNOLIA PALATKA, FL	LANE	Title: Name: Address: City-St-Zip:	D (X SHEFFIELD, C 391 COUNTY PALATKA, FL	ROAD 308	
Title: Name:	D ( ) SHEFFIELD, J	) Delete ASON I	Title: Name:	D () SHEFFIELD, J	K) Change()Addition JASON I	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CATHERINE H SHEFFIELD P 04/24/2008

114 CONFEDERATE POINT DRIVE

PALATKA, FL 32177

Address:

City-St-Zip:

P O BOX 1000, 104 INDIAN MOUND DRIVE

WELAKA, FL 32193