



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

06-23-2008 90001 020 \*\*\*400.00

<b>DOCUMENT # P01000105466</b> 1. Entity Name <b>UNITED FASTENERS AND HARDWARE, INC.</b>					
Principal Place of Business <del>1355 BENNETT DR. SUITE 157 LONGWOOD, FL 32750</del> <b>9195 Boggy Creek Rd #6 Orlando, FL 32824</b>				Mailing Address 1355 BENNETT DR. SUITE 157 LONGWOOD, FL 32750	
2. Principal Place of Business - No P.O. Box # <b>9195 Boggy Creek Rd #6</b>		3. Mailing Address <b>SS me</b>			
Suite, Apt. #, etc. <b>#6</b>		Suite, Apt. #, etc. <b>SS me</b>		06092008 Chg-P CR2E034 (12/06)	
City & State <b>Orlando, FL 32824</b>		City & State <b>SS me</b>		4. FEI Number <b>59-3753206</b>	
Zip <b>32824</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS WILLIER, BILLY 9195 BOGGY CREEK RD ORLANDO, FL 32824	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <b>6/19/08</b> Daytime Phone #: <b>407-851-7431</b>		