

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000051955

Entity Name: AE HARDWARE, INC.

FILED  
Apr 16, 2008  
Secretary of State

## Current Principal Place of Business:

4926-B SIX OAKS DR.  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

## Current Mailing Address:

4926-B SIX OAKS DR.  
TALLAHASSEE, FL 32303

## New Mailing Address:

FEI Number: 81-0551099

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, JOHN C  
623 BEARD ST  
TALLAHASSEE, FL 32303 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: MCKINSTRY, JEROME D  
Address: 712 SHELL ST.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP/D ( ) Delete  
Name: HEWITT-BROWN, MICHAEL A  
Address: 617 BEARD ST.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: S/D ( ) Delete  
Name: ROBERTSON, CHRISTOPHER  
Address: 1425 DEVIL'S DIP  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: DAVIS, JOHN C  
Address: 623 BEARD ST.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T/D ( ) Delete  
Name: DE BRUYNE, THOMAS  
Address: 2004 DOGWOOD HILL  
City-St-Zip: TALLAHASSEE, FL 32308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JEROME D MCKINSTRY

P/D

04/16/2008

Electronic Signature of Signing Officer or Director

Date