

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000068678**

1. Entity Name

TIERRA VERDE HARDWARE, INC.



Principal Place of Business

120 PINELLAS BAYWAY  
TIERRA VERDE, FL 33715

Mailing Address

120 PINELLAS BAYWAY  
TIERRA VERDE, FL 33715



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number

01-0723083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

DEAN, JAMES K JR  
120 PINELLAS BAYWAY  
SAINT PETERSBURG, FL 33715

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000789648  
01/23/08-80001-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DEAN, JR., JAMES K P
STREET ADDRESS	120 PINELLAS BAYWAY
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	D
NAME	DEAN, JAN P D
STREET ADDRESS	120 PINELLAS BAYWAY
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	S
NAME	JOHNSON, MARILYN J
STREET ADDRESS	120 PINELLAS BAYWAY
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	V
NAME	JOHNSON, MARK P
STREET ADDRESS	120 PINELLAS BAYWAY
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

MARK P. JOHNSON

Date

1/17/08

Daytime Phone #

727 865-7502