

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Florida Dept of State
Mar 12 2005 08:00 AM
Secretary of State

DOCUMENT # P03000019579

1. Entity Name
BOSTWICK HARDWARE, INC.



Principal Place of Business
**PO BOX 82
BOSTWICK, FL 32007**

Mailing Address
**PO BOX 82
BOSTWICK, FL 32007**



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1179476	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

**KIRKLAND, JAMES
1090 HIGHWAY 17 NORTH
BOSTWICK, FL 32007**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KIRKLAND, JAMES
STREET ADDRESS	PO BOX 82
CITY- ST- ZIP	BOSTWICK, FL 32007

TITLE	D
NAME	KIRKLAND, JERRY
STREET ADDRESS	PO BOX 82
CITY- ST- ZIP	BOSTWICK, FL 32007

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3/8/05 **386-325-0564**
Date Daytime Phone #

1000001260087
03/12/05-80010-022 150.00

**DO NOT WRITE
IN THIS SPACE**