

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90156 005 ***150.00

DOCUMENT # P04000103803

1. Entity Name
KNS HARDWARE, INC.



Principal Place of Business
 1294 OCEANSHORE BLVD
 ORMOND BEACH, FL 32176

Mailing Address
 5750 JOHN ANDERSON HWY
 FLAGLER BEACH, FL 32136

40058996



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04022007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
20-1401742

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DOSCH, JOHN J III
 175 PIERSIDE DR
 ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHAEFER, KURT N	
STREET ADDRESS	5750 JOHN ANDERSON HWY	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHAEFER, SUSAN M	
STREET ADDRESS	5750 JOHN ANDERSON HWY	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHAEER, NORMAN W	
STREET ADDRESS	5750 JOHN ANDERSON HWY	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Susan M Schaefer **SUSAN M SCHAEFER (386) 441-4466**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/11/07 Daytime Phone #