2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000157193



FILED May 27, 2008 08:00 AN Secretary of State

Suite. Act. 8, etc. Suite. Act. 9, etc. Suite. Act. 8, etc. Suite. Act. 9, etc. Suite. Act. 8, etc. Suite. Act. 9, etc. 9	1. Entity Nam	ER HARDWARE DIST. INC					۵	eci ei	.ai y	oi Sta
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City & State Country Zip		ace of Business - No P.O. Box #	3. Mailing Address							
20-8121796 Sections	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			05202008	Chg-P	CR2E03	34 (12/06)	ŀ
S. Certificate of Status Develope Fee Required Fee Required F. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	City & State	9	City & State							pplied For lot Applicable
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	Zip	Country	Zip	Country		5. Certificate	of Status Desired			
Size Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Current	Registered Agent	Nama		7. Name and	Address of New R	egistered A	gent	
3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accordance of registered agent. Comparison Pressure of registered agent	8925 NW 1	17 STREET			Address (P.O. Box Numb	er is Not Acceptable	9)		
THE NOWILI FEE IS \$150.00 Due by Septembor 12, 2008 9. Election Campaign Financing Trust Fund Contribution. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. Change Additional III. Change Additional III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. II				City	·			FL	Zip Coe	e
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Due by September 12, 2008 Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice. Added to Fees Corporation did not receive the prior notice.	SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Agent sign	ature required	d when reinstating)		DATE		
INTE PADNESS STREET ADDRESS CITY-ST-ZIP INTE MAME INTERET ADDRESS CITY-ST-ZIP INTERET ADDR		•			\$ 5 .	.00 May Be led to Fees	In accordance v corporation did	vith s. 607 not receive	193(2)(b) the prior	, F.S., the notice.
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NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental reports true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or direct of the corporation or the receiver or trusted structure of the corporation or the receiver or trusted structure of the corporation or the receiver or trusted structure of the corporation or the receiver or trusted structure of the corporation or the receiver or trusted structure of the corporation or the receiver or trusted structure of the corporation or the receiver or trusted structure of the corporation or the receiver or trusted structure of the corporation or the receiver or trusted structure of the corporation or the receiver or trusted structure of the corporation or the receiver or trusted structure and that my signature shall have the same legal effect as if made under oath, that I am an officer or direct of the corporation or the receiver or trusted structure and that my signature of the corporation or the receiver or trusted structure. SIGNATURE:	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS					☐ Change	Addition
SIGNATURE: AND COM	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME Street address					☐ Change	Addition
31(31(A) UKE. /// /	12. (hereby condicated of the corporated)	certify that the information supplied wit on this report or supplemental report, poration or the receiver or trusted entry or on an attachment with an addless.	n this filing does not qualify for strue and accurate and that m owered to execute this report a with all other like empowered.	the exemptions y signature shall as required by Cl	contained have the hapter 607		_	further certi path, that I a e appears in	fy that the m an office Block 10 o	information ir or director or Block 11 if
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Dayling Phone	SIGNAT	URE. ///				05	-19-08	······································		