

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90071 020 ***150.00

DOCUMENT # P07000100119 1. Entity Name SORRENTO HARDWARE & FEED SUPPLY, INC.			
Principal Place of Business 3710 CURTIS BOULEVARD COCOA, FL 32927 US		Mailing Address 3710 CURTIS BOULEVARD COCOA, FL 32927 US	
2. Principal Place of Business - No P.O. Box # 24019 SR 46 Suite, Apt. #, etc.		3. Mailing Address 24019 SR 46 Suite, Apt. #, etc.	
City & State Sorrento FL Zip Country 32776 US		City & State Sorrento FL Zip Country 32776 US	
4. FEI Number 26-0882477		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 UPDEGRAFF, TANYA L 3710 CURTIS BOULEVARD COCOA, FL 32927		7. Name and Address of New Registered Agent Name Tanya Updegraff Street Address (P.O. Box Numbers Not Acceptable) 7840 Date Palm St City Cocoa FL Zip Code 32927	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME UPDEGRAFF, TANYA L STREET ADDRESS 3710 CURTIS BOULEVARD CITY-ST-ZIP COCOA, FL 32927	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Updegraff, Tanya STREET ADDRESS 7840 Date Palm St CITY-ST-ZIP Cocoa FL 32927		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Kurt Updegraff STREET ADDRESS 7840 Date Palm St CITY-ST-ZIP Cocoa FL 32927		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Kevin Anderson STREET ADDRESS 152 Stone Gable Cr CITY-ST-ZIP Winter Spg FL 32708		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Valerie Anderson STREET ADDRESS 152 Stone Gable Cr CITY-ST-ZIP Winter Spg FL 32708		
TITLE <input type="checkbox"/> Delete 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"/> Delete 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/25/08 6216312962 <small>Date Daytime Phone #</small>	