

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90394 019 ***150.00

DOCUMENT # P40238

1. Entity Name

BONDURANT LUMBER & HARDWARE, INC.



Principal Place of Business

**POST OFFICE DRAWER CC
FLOMATION AL 36441**

Mailing Address

**POST OFFICE DRAWER CC
FLOMATION AL 36441**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number **59-3166385**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUDSON, ROBERT T.
RT. 3, BOX 945-C
JAY FL 36441**

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME BONDURANT, DEWEY J., JR.
STREET ADDRESS 19377 HWY 31 S
CITY-ST-ZIP FLOMATION AL

TITLE S ☐ Change ☒ Addition
NAME Irene Bondurant
STREET ADDRESS 19377 Hwy 31 S
CITY-ST-ZIP Flomaton AL

TITLE DVP ☐ Delete
NAME BONDURANT, DEWEY J., SR.
STREET ADDRESS 19377 HWY 31 S
CITY-ST-ZIP FLOMATION AL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☒ Delete
NAME BONDURANT, OLA S.
STREET ADDRESS 19377 HWY 31 S
CITY-ST-ZIP FLOMATION AL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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:

Dewey J. Bondurant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04

850-256-9005

Date

Daytime Phone #