


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P40238
 1. Entity Name
BONDURANT LUMBER & HARDWARE, INC.



Principal Place of Business Mailing Address
8511 N. CENTURY BLVD **P.O. BOX 1944**
CENTURY FL 32535 **FLOMATION AL 36441**



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3166385 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HUDSON, ROBERT T
5495 COTTONWOOD DR
MILTON FL 32571

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 _____ (NOTE: Registered Agent signature required when reappointing)
 Signature typed or printed name of registered agent and title, if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BONDURANT, DEWEY J., JR. 19377 HWY 31 S FLOMATION AL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UN0000832598 02/27/08-80065-015 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BONDURANT, IRENE 19377 HWY 31 S FLOMATION AL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dewey J. Bondurant* **1/24/08** **850-256-9005**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *President / Director* DATE DAYTIME PHONE #