## 2005 FOR PROFIT CORPORATION

## **FILED** Fah 12. 2005 08:00 AM

	ANNUAL	REPORT		_	ren 12, 2005 08:00	
DOCUMENT # P92000014135					Secretary of Sta	te
1. Entity Nam	ne C COY HARDWARE, INC.	-				
	O COTTIANDWANE, INC.					
Principal Plac	ce of Business	Mailing Address		1		
11520 COUNTY RD. 316 11520 COUNTY RD. 316						
FT. MCCOY, 1	FL 32134	FT. MCCOY, FL 32134				
			and the second second			
·					U 18110 21411 88111 UUIL ANIIL ANIIL ANIAL 11811 ULAN 11842 (1181 BILLEU) IL EARI	
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	The same of the sa	The second secon	er Edgewer v. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	5. Certificate	of Status Desired	
6. Name and Address of Current Registered Agent						2 E
HINE, GARY R 11520 COUNTY RD. 316 FT. MCCOY, FL 32134_				DΩ	NOT WRITE	
				Large of the	Taring Market 1	
11.100001,12.32134_			materials on a majority	· IN -	THIS SPACE	
			Sign of the second	alle is granders a figir o and		
8. The above	e named entity submits this statement for t	he purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Florida. I am familiar with, and acc	ept
the obliga	illors of registered agent.				·	
SIGNATURE						
SIJ E NOWIN SEE 18 \$150.00 9. Election Campaign Financing			noina PE	00.4	U00000226779	
FIL After M	.E NOW!!!  FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00			.00 May Be led to Fees	02/12/05-80030-007 150.00	
10.	OFFICERS AND D	RECTORS				
TITLE NAME	DP HINE, GARY R		The state of the s	with the state of the state of		etomet.et.,
STREET ADDRESS	11520 C.R. 316		The second second second			
CITY-ST-ZIP	FT. MC COY, FL 32134	<u> </u>	***************************************		W Space	
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NAME STREET ADDRESS						
CITY-ST-ZIP	,					
TITLE	*					

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 propowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Displine Phone #