

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

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1. Entity Name  
ALBEE HARDWARE, INC.



Principal Place of Business  
4404 EAST TAMiami TRAIL  
NAPLES, FL 34112 US

Mailing Address  
4404 EAST TAMiami TRAIL  
NAPLES, FL 34112 US



03082005 00000000 000000000000

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0503382

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 000000000000

6. Name and Address of Current Registered Agent

ALBEE, LYNN G  
4404 EAST TAMiami TRAIL  
NAPLES, FL 34112

**DO NOT WRITE  
IN THIS SPACE**

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 Lynn G. Albee LYNN G. ALBEE PRESIDENT 3-9-05  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 000000000000

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME ALBEE, LYNN G  
STREET ADDRESS 4404 EAST TAMiami TRAIL  
CITY-ST-ZIP NAPLES, FL

TITLE S  
NAME ALBEE, MARY  
STREET ADDRESS 4404 EAST TAMiami TRAIL  
CITY-ST-ZIP NAPLES, FL 34112

TITLE TR  
NAME MCCONNELL, JOHN  
STREET ADDRESS 1310 MARLIN DR  
CITY-ST-ZIP NAPLES, FL

TITLE VP  
NAME ALBEE, MARK W  
STREET ADDRESS 100 GLEN EAGLE DR  
CITY-ST-ZIP NAPLES, FL 34104

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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03/11/05-80005-013 150.00

**DO NOT WRITE  
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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: Lynn G. Albee LYNN G. ALBEE 3-9-05 239 774-5555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #