

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # P96000099887

1. Entity Name
CONTRACT HARDWARE OF FLORIDA, INC.



Principal Place of Business
**5155 W THARPE ST
TALLAHASSEE, FL 32303**

Mailing Address
**5155 W THARPE ST
TALLAHASSEE, FL 32303**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3413474

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUDD, DAVID E PD
7477 CREEKRIDGE CIRCLE
TALLAHASSEE, FL 32309**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

UN00000752879

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

01/24/08-80027-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUDD, DAVID E
STREET ADDRESS	7477 CREEKRIDGE CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	VPD
NAME	TEW, MARK
STREET ADDRESS	40 COUNTRY CREEK COURT
CITY-ST-ZIP	STOCKBRIDGE, GA 30281
TITLE	STD
NAME	RUDD, WILLIAM S
STREET ADDRESS	9017 OLD CHEMONIE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *David E. Rudd*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-08 8505802495
Date Daytime Phone