

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000031746

FILED
Feb 25, 2005
Secretary of State

Entity Name: HCD SUPPLY COMPANY, INC.

Current Principal Place of Business:

3635 FT. KEIS AVE.
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 98
ALVA, FL 339200098

New Mailing Address:

3635 FT. KEIS AVE
LABELLE, FL 33935

FEI Number: 65-0791373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARRIMORE, JOHN
3635 FT. KEIS AVE.
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JOHN LARRIMORE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LARRIMORE, JOHN
Address: 3635 FT. KEIS AVE.
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LARRIMORE

Electronic Signature of Signing Officer or Director

PD

02/25/2005

Date