


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90006 018 \*\*\*150.00

DOCUMENT # P97000036357  
 1. Entity Name  
 CONTRACTORS SUPPLY, INC.



Principal Place of Business      Mailing Address  
 4405 ENTERPRISE AVE      4405 ENTERPRISE AVE  
 NAPLES, FL 34104 US      NAPLES, FL 34104 US

**DO NOT WRITE IN THIS SPACE**



01112008    No Chg-P    CR2E034 (11/05)

4. FEI Number 59-3444296	Applied For Not Applicable
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5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 STANLEY, JAMES M  
 2457 DORSET COURT  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANLEY, JAMES M 2457 DORSET COURT NAPLES, FL 34112
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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: James M. Stanley      3-10-08      239-434-8868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #