


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 02, 2007 8:00 am
Secretary of State

02-22-2007 90018 011 ***150.00

DOCUMENT # P97000085990			
1. Entity Name HARDWARE SALES, INC.			
Principal Place of Business 2710 OAKDALE DR., N. ORANGE PARK FL 32073		Mailing Address 2710 OAKDALE DR., N. ORANGE PARK FL 32073	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3475561		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORLESS, PAUL 2710 OAKDALE DRIVE NORTH ORANGE PARK FL 32073		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 <u>Paul A. Corless 2/14/07</u>		DATE	
Signature, typed or printed name of registered agent or officer or director. (NOTE: Registered Agent signature required when rechartering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P CORLESS, PAUL 2710 OAKDALE CIRCLE NORTH ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 info empowered.			
SIGNATURE: <u>Paul A. Corless</u>		Date: <u>3/30/07</u> 904-276-1005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	