


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90050 031 \*\*\*150.00

<b>DOCUMENT # P97000085990</b> 1. Entity Name <b>HARDWARE SALES, INC.</b>					
Principal Place of Business <b>2710 OAKDALE DR., N. ORANGE PARK, FL 32073</b>			Mailing Address <b>2710 OAKDALE DR., N. ORANGE PARK, FL 32073</b>		
2. Principal Place of Business - No P.O. Box # <b>3042 BRAVO CT.</b>		3. Mailing Address <b>3384 CHIMNEY DR</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ORANGE PARK, FL</b>		City & State <b>MIDDLEBURG, FL</b>		4. FEI Number <b>59-3475561</b>	
Zip <b>32065</b>		Country <b>FLAY</b>		Applied For Not Applicable	
Zip <b>32068</b>		Country <b>FLAY</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORLESS, PAUL 2710 OAKDALE DRIVE NORTH ORANGE PARK, FL 32073</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CORLESS, PAUL 2710 OAKDALE CIRCLE NORTH ORANGE PARK, FL 32073</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CORLESS, JANE M. 3384 CHIMNEY DR MIDDLEBURG, FL 32068</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <i>Paul A. Corless</i>		Date: <i>1/16/08</i> Daytime Phone #: <i>904-276-1005</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			