2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # P98000072628** 1. Entity Name 04-05-2004 90083 037 ***150.00 CROWDER'S EXPRESS HARDWARE, INC. Principal Place of Business Mailing Address 12480 SPRING HILL DRIVE 12480 SPRING HILL DRIVE SPRINGHILL FL 34606 SPRINGHILL FL 34606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3534526 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CROWDER, JOHN Street Address (P.O. Box Number is Not Acceptable) 12480 SPRING HILL DRIVE SPRING HILL FL 34606 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. πn ғ □ Delete TITLE ☐ Change Addition CROWDER, JUSTIN NAME NAME STREET ADDRESS 12480 SPRING HILL DR STREET ADDRESS €TY-ST-ZIP SPRING HILL FL 34606 CITY-ST-ZIP ₹inne **VPST** ☐ Delete TITLE ☐ Change ☐ Addition CROWDER, JOHN NAME STREET ADDRESS 12480 SPRING HILL DRIVE STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34606 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change MILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETE F ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-0H

FILED

352 686 4743

Daytime Phone #