2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 436148

FILED Apr 11, 2005 Secretary of State

Entity Name: HAGAN ACE HARDWARE OF HILLIARD, INC.

	rincipal Place of Business:	New Principal Place of Business:
551525 US HILLIARD,	SHWY 1 FL 32046 US	
Current M	lailing Address:	New Mailing Address:
	NDING BLVD. PARK, FL 32065 US	
El Number	: 59-1484857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agen	t: Name and Address of New Registered Agent:
1022 BLAN	OONALD W NDING BLVD. ARK, FL 32065 US	
	named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATU		
	Electronic Signature of Registered	•
Election Car	mpaign Financing Trust Fund Contribution ().	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Γitle:	P () Delete	Title: () Change () Addition
\ddress:	HAGAN, DONALD W 615896 RIVER RD CALLAHAN, FL 32011	Name: Address: City-St-Zip:
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	615896 RIVER RD	Name: Address:
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	615896 RIVER RD CALLAHAN, FL 32011 VP () Delete HAMRICK, STEWART L 54001 SERENDIPITY LANE	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Address: City-St-Zip: Fitle: Name: Address:	615896 RIVER RD CALLAHAN, FL 32011 VP () Delete HAMRICK, STEWART L 54001 SERENDIPITY LANE CALLAHAN, FL 32011 ST () Delete HAGAN, DONALD W 615896 RIVER ROAD	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Address: Address: Address:	615896 RIVER RD CALLAHAN, FL 32011 VP () Delete HAMRICK, STEWART L 54001 SERENDIPITY LANE CALLAHAN, FL 32011 ST () Delete HAGAN, DONALD W 615896 RIVER ROAD CALLAHAN, FL 32011 A/ST () Delete HAMRICK, STEWART L 54001 SERENDIPITY LANE	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:

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. SIG

	Flacture of Oissuits Office - District		D.1.
NATURE:	DONALD W. HAGAN	Р	04/11/2005