

## STATE OF ARIZONA CORPORATION COMMISSION CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE

DUE ON OR BEFORE 08/12/2008

\_ 10. Credit/Collection

\_\_ 14. General Consulting

\_\_ 11. Education

\_\_ 12. Engineering \_\_ 13. Entertainment

15. Health Care

16. Hotel/Motel

18. insurance

\_\_ 19. Legal Services

17 import/Export

\_\_\_ 29. Science/Research

\_\_ 33. Television/Radio

35. Transportation

\_\_ 36. Utilities

38. Other

30. Sports/Sporting Events

\_\_31. Technology(Computers)

34. Tourism/Convention Services

\_\_ 37. Veterinary Medicine/Animal Care

\_\_ 32. Technology(General)

FY08-09

FILING FEE \$45.00

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions on page 4 for proper format.

RECEIVED 1. -0210397-7 BLANCO'S HARDWARE, INC. JUN 0 2 2008 VALLEY ACE HARDWARE 1805 E. BASELINE ROAD #1 ARIZONA CORP. COMMISSION TEMPE, AZ 85283 CORPORATIONS DIVISION 480-839-2623 **Business Phone:** (Business phone is optional.) State of Domicile: ARIZONA Type of Corporation: PROFIT 2. Statutory Agent: JAN BLANCO Physical Address, If Different. Mailing Address: JAN BLANCO/VALLEY ACE HARDWARE Physical Address: 2050 N ALMA SCHOOL # 18 1805 E BASELINE ROAD #1 City, State, Zip: CHANDLER, AZ 85283 City, State, Zip: TEMPE, AZ 85283 Use this box only if appointing a new Statutory Agent ACC USE ONLY If appointing a new statutory agent, the new agent MUST consent to that Fee appointment by signing below. Penalty I. (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law. Reinstate \$ Expedite \$ Signature of new Statutory Agent Resubmit \$ Printed Name of new Statutory Agent Secondary Address: 3. (Foreign Corporations are **REQUIRED** to complete this section). 4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation. **BUSINESS CORPORATIONS** NON-PROFIT CORPORATIONS 20. Manufacturing 1. Accounting Charitable \_\_ 2. Advertising 21. Mining Benevolent 3. Aerospace 22. News Media Educational 23. Pharmaceutical 4. Agriculture Civic 5. Architecture 24. Publishing/Printing Political 5. 6. Banking/Finance 25. Ranching/Livestock Religious 6. 7. Barbers/Cosmetology 26. Real Estate Social 27. Restaurant/Bar 8. Construction 8. Literary 9 Contractor 💥 28. Retail Sales 9. \_\_ Cultural

10. \_\_ Athletic

13. \_

14. \_\_

17. \_\_\_

15.

16.

Science/Research

Animal Husbandry

Agricultural

Other

Hospital/Health Care

Homeowner's Association

Professional, commercial

industrial or trade association

Date taking office:

-02	1039/-/ BLANCO'S HARDWARE, INC.			Page 7
	PITALIZATION: (Business Corporations and Bus			
	ess trusts must indicate the number of transfera est estate. Please Print or Type Cle	ble certificates he early.	ld by trustees evidencing their bene	ficial interest in
5a.	Please examine the corporation's original Artic	cles of Incorporati	on for the amount of shares author	rized.
Numbe	er of Shares/Certificates Authorized	Class	Series Within Class (if any	<i>'</i> )
	20,000	Commo	N	
5b.	Review all corporation amendments to deter corporation's minutes for the number of <b>share</b>	rmine if the origin s issued.	al number of shares has changed.	Examine the
Numbe	er of Shares/Certificates Issued	Class	Series Within Class (if any	r)
	20,000	COMM	ON	
6. <u>SH</u>	AREHOLDERS: (Business Corporations and Bu	usiness Trusts are <u>l</u>	REQUIRED to complete this section.	)
List sh	nareholders holding more than 20% of any clas	s of shares issue	d by the corporation, or having mo	
penem	cial interest in the corporation. Please Type  Name: <u>JANISE</u> BLAN			•
NONE		Name		
	Name:	Name	ð:	
	FICERS Please Type or Print Clea		t List at Least One.	
Name:	: JANISE BLANCO	Name:		<del></del>
Title:	PRES.	Title:		
Addres	SS: 1805 E, BASELINE A	Addres	s:	
	TEMPE, AZ 85283			
Date ta	aking office: 11/15/88	Date ta	king office:	
Name:	Scott Wilson	Name:		
Title:	S6c Y	Title:		٠,
Addres	SS: 1805 E. BASEVINE "	/ Addres	s;	
	TEMPE, AZ S5283			7
Date ta	aking office: 1/1/92	Date ta	king office:	
8. <u>DIR</u> I	ECTORS Please Type or Print Clea	arly. You Mus	st List at Least One.	
Name:	JANISE BLANCO	Name:		
Addres	S: 1805 E. BASELINE #	Address	Si	
	TEMPE, AZ 85283			
Date ta	aking office: 11/15/1988	Date tal	king office:	
Name:		Name:		
Addres	SS:	Address	S:	

Date taking office:

Please Enter Corporatio	n Name:	BLANCO'S	141	PRDWA	RG .	File numbe	er <i>021038</i>	<u>7-7</u> Page 3
9. <u>FINANCIAL DISCLO</u> Nonprofit corporations <u>mus</u> forms of corporations are e	st attach a fina	ancial statement (e.c	j. income/e	expense stat	tement, balance s	sheet includii	ng assets, liabi	ilities). All other
9A. <u>MEMBERS</u> (A.R.S.	§ 10-11622	.A.6)						
Only Nonprofit Corporation			This	corporation	on DOES 🗇	DOES N	NOT 🗖 hav	e members.
10. CERTIFICATE OF DE Has ANY person serving eit than 10% of the issued and been: [Underlined portion	her by election loutstanding o	or appointment as common shares or 1	an officer, o	director, tru	stee, incorporato	r <u>and/or pers</u> or members	son controlling ship interest in	or holding more the corporation
<ol> <li>Convicted of a felony year period immedia:</li> <li>Convicted of a felony or monopoly in any s</li> <li>Or are subject to an immediately precedir</li> </ol>	tely preceding , the essential state or federa injunction, jud ng execution o	the execution of thi elements of which of I jurisdiction within t gment, decree or pe f this certificate when	s certificate consisted o he seven y ermanent o re such inju	e? of fraud, mis vear period order of any unction, jud	representation, t immediately pred state or federal of gment, decree or	heft by false ceding execu court entered	pretenses or reution of this ce	estraint of trade intificate? ven year period
(b) the consume	r fr <del>aud law</del> s o	ions of the securities f that jurisdiction, or trade laws of that ju		nat jurisdict	ion, or		e e e	
(c) the antituse (	or restraint or	irade iaws or triat ju	nsaiction	One	box <b>must</b> be r	marked:	YES 🗇	NO 🔯
If "YES", the following of the actions stated in It			ed as an					
<ol> <li>Full name and price</li> <li>Full birth name.</li> <li>Present home add</li> <li>Prior addresses (for preceding 7 year price)</li> </ol>	lress. or immediate period).		6. 7.	Social Sec The nature the date an the file or o	ocation of birth. urity Number and description d location; the co cause number of	ourt and publ the case.	ic agency invo	lved, and
11. <u>STATEMENT OF BA</u> 1623 & 10-11623)	<u>ANKRUPTC'</u>	Y, RECEIVERSHII	P or CHA	RTER RE	<u>VOCATION</u> (A	.R.S. §§10-	-202.D.2, 10-	3202.D.2, 10-
A) Has the corporation filed	l a petition for	bankruptcy or appo	inted a rec	eiver? O	ne box <u>must</u> be	e marked:	YES 🗇	NO ⋈
B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR <u>held or controlled</u> over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any other corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?								
[Underlined portion perta	ins to busine	ess corporations or	rly]	0	ne box <u>must</u> be	e marked:	YES 🗆	ио ⊠
<ol> <li>If "YES" to A and/or B, the following information must be submitted as an attachment to this report for each person subject to the statement above.</li> <li>The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder)</li> <li>The state in which each corporation was a) incorporated b) transacted business.</li> <li>The dates of corporate operation.</li> <li>If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.</li> <li>Date, Case number and Court where the bankruptcy was filed or receiver appointed.</li> <li>Name and address of court appointed receiver.</li> </ol>								
12. SIGNATURES: Ann	nual Reports	must be signed ar	nd dated b	y at least o	one duly authori	ized officer	or they will b	e rejected.
I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.								
Name JAWISE A	BLANCO	Date_ <u>\/29</u>	<u>0</u> 8 Nam	ıe			Date	
Signature <i>fauix</i> e	Blow		Sign	nature				
Title PRES.	· · · · · · · · · · · · · · · · · · ·	be duly authorized	Titl	e				
(Sign:	ator(s) must	be duly authorized	corporate	e officer(s)	listed in section	n 7 of this r	eport \	

## Annual Report Instruction Sheet - READ ME! PLEASE FOLLOW THESE DIRECTIONS!

This is the instruction sheet for the annual reporting process for all corporations doing business in Arizona. Every corporation must submit an annual report once a year. This annual report must be correctly filled out and submitted by the assigned due date or the corporation may be administratively dissolved or have its authority revoked by the State of Arizona. This is the only notice you will receive. According to A.R.S. §10-1622.F, penalties accrue on business corporation annual reports which are submitted late (after the due date). Corporations must use the annual report form prescribed by the Corporation Commission. **No other format is allowed.** 

Please verify the business address and statutory agent and agent address information on page one. Strike out incorrect information. Correct information should be legibly written above or to the side of struck, incorrect information. Complete the remainder of the form - use the corporation's original articles of incorporation, amendment documents and corporate minutes as guides for the stock questions. IMPORTANT: The entirety of this document is public record, including addresses cited.\*Use black or blue ink.

	Section 1. All corporations must state their name, address, zip code, domicile state, and type (e.g., nonprofit, business, sole,
	professional, business trust). Please list a business phone number.
	information about the Statutory Agent is vital to the legitimate authority and status of the corporation. The statutory agent must
	provide both a physical and mailing address. If statutory agent has a P.O. Box, then they must provide a physical description of
	their street address/location. New Statutory Agents must consent to their appointment by signing the appropriate line. A
	corporation must amend their records at the Commission anytime the Statutory Agent is changed or whenever the Agent's
	designated mailing address changes. Do not sign in the space provided, unless you are appointing a new agent.
	Section 3. Foreign (out-of-state/country) corporations must state their known place of business in this state and in the
	jurisdiction in which they are incorporated. List the primary address in Section 1, and the secondary address in Section 3.
	Section 4. All corporations must check the category that best describes the character of their corporation in the applicable
	business or nonprofit corporation area.
	Section 5. All business corporations must indicate the number of shares which they have authorized and issued, the class and
	series. All business trusts must indicate the number of transferable certificates held by trustees.
	Section 6. All business corporations must indicate the list of applicable shareholders.
	Section 7. Please list all principal officers. All corporations must have at least one duly authorized officer, with address.
	Section 8. Please list all directors. All corporations must have at least one director per A.R.S. §§10-803.A. & 10-3803.A.
	Section 9. All Nonprofit corporations must attach a statement of financial condition (e.g. income/expense statement, balance
	sheet including assets, liabilities). All other types of corporations are exempt from filing a financial disclosure. All Nonprofit
_	Corporations must also indicate whether or not the corporation has members.
u	Section 10. All corporations must check either YES or NO in the Certificate of Disclosure. Those who check the "YES" box
_	must supply the attachment required as explained in section 10.
u	Section 11. All corporations must check either YES or NO in the Statement of Bankruptcy, Receivership or Charter Revocation
_	(both A and B). Those who check the "YES" box must supply the attachment required as explained in section 11.
u	Section 12. All corporations must read the declarations in this section. If they have complied, and if they have completed the
	Annual Report, then the applicable officer(s) listed in section 7 must acknowledge by signing and dating the report.
$\Box$	The signer(s) shall be at least one duly authorized officer
	Sign, Date & Mail the Check and Annual Report. Business corporations must send \$45, Nonprofit corporations \$10. Credit
	cards are not accepted. Business/profit corporations are subject to penalties if their report is submitted after its assigned due
	date. Contact the Annual Report section at 602-542-3285 (Phoenix) or 520-628-6560 (Tucson) or by FAX at 602-542-0082 for the penalty amount due.
	the penalty amount due.
1::	MAKE CHECK PAYABLE TO: ARIZONA CORPORATION COMMISSION
	MAIL OR DELIVER TO: c/o Annual Reports - Corporations Division

Seek professional advice from your accountant, attorney, or other knowledgeable source if you need help with any section. The Commission's web site (www.azcc.gov/Divisions/Corporations/) has more general information about annual reports and reporting requirements. The Annual Reports Section of the Corporations Division cannot give legal or tax advice, but you may call them with your other questions regarding this form at (602) 542-3285.

1300 West Washington Phoenix, Arizona 85007-2929

AR:0046 Rev. 12/2007