


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90054 001 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P00000110174</b><br>1. Entity Name<br><b>ORLANDO ACE HARDWARE, INC.</b> |  |
|---|---|

|  |   |
|--|---|
| Principal Place of Business<br><b>886 S. DILLARD ST.<br/>WINTER GARDEN, FL 34787</b> | Mailing Address<br><b>P.O. BOX 770099<br/>WINTER GARDEN, FL 34787</b> |
|--|---|

**DO NOT WRITE IN THIS SPACE**



01252007 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3685494</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent  
**WALTER, TOOLE  
500 S. DILLARD ST  
WINTER GARDEN, FL 34787**

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IN THIS SPACE**

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 Walter Toole DATE 2/7/07

Signature, typed or correct name of registered agent and title if applicable (NOTE: Registered Agent's signature required when renewing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>TOOLE, WALTER S II<br>P. O. BOX 770099<br>WINTER GARDEN, FL 347770099 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>ASMA, WILLIAM N<br>886 S. DILLARD ST.<br>WINTER GARDEN, FL 34787      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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IN THIS SPACE**

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.

SIGNATURE: Walter Toole DATE 3/7/07 407-654-2593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0870.