


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000025430

1. Entity Name
COLLEGE PARK ACE HARDWARE, INC.



Principal Place of Business
**884 SOUTH DILLARD STREET
 WINTER GARDEN, FL 34787**

Mailing Address
**884 SOUTH DILLARD STREET
 WINTER GARDEN, FL 34787**



02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **01-0772016** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

**WILLIAM N. ASMA, P.A.
 884 SOUTH DILLARD STREET
 WINTER GARDEN, FL 34787**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TOOLE, WALTER S II
STREET ADDRESS	500 S. DILLARD STREET
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	D
NAME	MCMILLAN, JOHN W
STREET ADDRESS	884 SOUTH DILLARD STREET
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	D
NAME	ASMA, WILLIAM N
STREET ADDRESS	884 SOUTH DILLARD STREET
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/03/06-80020-006 150.00

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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 807, 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 **2-13-06** **407.056.2593**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #