


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

02-19-2007 90055 025 ***150.00

DOCUMENT # P03000025430
 1. Entity Name
COLLEGE PARK ACE HARDWARE, INC.



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



02082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
01-0772016 Not Applicable

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

6. 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 *Walter S Toole* DATE 2/7/07

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

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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 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 S Toole* Date 3/7/07 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #