

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90040 026 ***150.00

DOCUMENT # P00000110174 1. Entity Name ORLANDO ACE HARDWARE, INC.	
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Principal Place of Business 886 S. DILLARD ST. WINTER GARDEN, FL 34787	Mailing Address P.O. BOX 770099 WINTER GARDEN, FL 34787
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50016073



DO NOT WRITE IN THIS SPACE

01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3685494	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 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 P Toole Pres Walter S Toole 2/5/05
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOOLE, WALTER S II P. O. BOX 770099 WINTER GARDEN, FL 347770099
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ASMA, WILLIAM N 886 S. DILLARD ST. WINTER GARDEN, FL 34787
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #