


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 339463</b> 1. Entity Name <b>BRANDIES ACE HARDWARE, INC.</b>					
Principal Place of Business <b>617299 BRANDIES AVE P.O. BOX 97 (MAIL) CALLAHAN FL 32011 US</b>			Mailing Address <b>617299 BRANDIES AVE P.O. BOX 97 (MAIL) CALLAHAN FL 32011 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt #, etc.		3. Mailing Address  Suite, Apt #, etc.			
City & State		City & State		4. FEI Number <b>59-1226256</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FACHKO, PATRICIA B 45514 BOOTH ST PO BOX 43 CALLAHAN FL 32011</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	VD HAGAN, ANN B 35121 KAREN RD CALLAHAN FL 32011	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	TD STOKES, KAY B 3998 CR 119 BRYCEVILLE FL 32009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	PD FACHKO, PATRICIA B 45514 BOOTH ST CALLAHAN FL 32011	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	SD FACHKO, RAYMOND D JR 45312 HIDEAWAY LN CALLAHAN FL 32011	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.			U00000603646 01/25/07-80022-012 150.00		
<b>SIGNATURE: Patricia B Fachko</b>			1/18/07 904 879-3456		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



1st MOORE CR2E034 (10/06)