

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 413108

1. Entity Name  
HAGAN ACE HARDWARE OF ORANGE PARK, INC.



Principal Place of Business  
529 KINGSLEY AVENUE  
ORANGE PARK, FL 32073

Mailing Address  
1022 BLANDING BLVD  
ORANGE PARK, FL 32065 US

FILED

06 APR 19 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

04102006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1426212

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAGAN, DONALD W  
1022 BLANDING BLVD  
ORANGE PARK, FL 32065

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 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 P ☐ Delete  
NAME HAMRICK, STEWART L  
STREET ADDRESS 54001 SERENDIPITY LANE  
CITY-ST-ZIP CALLAHAN, FL 32011

TITLE VP ☐ Delete  
NAME HAMRICK, PEGGY H  
STREET ADDRESS 54001 SERENDIPITY LANE  
CITY-ST-ZIP CALLAHAN, FL 32011

TITLE ST ☐ Delete  
NAME HAMRICK, STEWART L  
STREET ADDRESS 54001 SERENDIPITY LANE  
CITY-ST-ZIP CALLAHAN, FL 32011

TITLE A/ST ☐ Delete  
NAME HAMRICK, PEGGY H  
STREET ADDRESS 54001 SERENDIPITY LANE  
CITY-ST-ZIP CALLAHAN, FL 32011

TITLE D ☐ Delete  
NAME HAGAN, DONALD G  
STREET ADDRESS 35121 KAREN ROAD  
CITY-ST-ZIP CALLAHAN, FL 32011

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06

K. Eckel APR 19 2006

Daytime Phone #