

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90092 043 ***150.00

DOCUMENT # 432691 1. Entity Name ACE HANDIMAN, INC.			
Principal Place of Business 2300 S. WASHINGTON AVE. TITUSVILLE, FL 32780		Mailing Address 2300 S. WASHINGTON AVE. TITUSVILLE, FL 32780	
2. Principal Place of Business 3636 S. Washington Ave Suite, Apt. # ---		3. Mailing Address 3636 S. Washington Ave Suite, Apt. #, etc.	
City & State Titusville, FL		City & State Titusville, FL	
Zip 32780		Zip 32780	
Country USA		Country USA	
4. FEI Number 59-1490025		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PASTERMACK, WILLIAM 2300 S WASHINGTON AVE TITUSVILLE, FL 32780		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST	NAME PASTERMACK, WILLIAM	<input type="checkbox"/> Delete	
STREET ADDRESS 5445 S TROPICAL TRL	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MERRITT ISLAND, FL 32952			
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 			
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 			
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 			
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 			
CITY-ST-ZIP 			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an officer like and numbered.			
SIGNATURE:			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/30/05	Daytime Phone # 3271030