


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 583726</b> 1. Entity Name SANFORD ACE HARDWARE, INC.	
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Principal Place of Business  
207 E 25TH ST  
SANFORD, FL 32771

Mailing Address  
207 E 25TH ST  
SANFORD, FL 32771



02152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1841514	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PARSELL, ROBERT N. JR.  
4919 SHORELINE CIRCLE  
SANFORD, FL 32771

**DO NOT WRITE  
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 \_\_\_\_\_

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PEZOLD, JOHN W. 335 COLOMBA ROAD DEBARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PARSELL, ROBERT N JR 4919 SHORELINE CIRCLE SANFORD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PARSELL, INEZ G 4918 SHORELINE CIRCLE SANFORD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PARSELL, GREGORY R 2443 FORFASHIRE DR. WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KELLEY, BEN A 2652 ARCADIA ST. DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000158306  
03/17/06 00037-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-06

Date

407-321-0885

Daytime Phone #

Robert N. Parsell, Jr., CEO/D