


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 583726 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
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1841514	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PARSELL, ROBERT N. JR. 4919 SHORELINE CIRCLE SANFORD, FL 32771

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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 true if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	CEOD PARSELL, ROBERT N JR 4919 SHORELINE CIRCLE SANFORD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PARSELL, INEZ G 4919 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	

U000000577497
01/08/07-80017-025 150.00

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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1-5-07 407-321-0885 <small>Date Daytime Phone #</small>
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Robert N. Parsell, Jr., CEO/D