## 2007 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

**DOCUMENT #583726** 

1. Entity Name

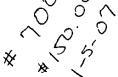
SANFORD ACE HARDWARE, INC.



Principal Place of Business

207 E 25TH ST SANFORD, FL 32771 Mailing Address

207 E 25TH ST SANFORD, FL 32771 FILED
Jan 08, 2007 08:00 AM
Secretary of State





01052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1841514

Applied For Not Applicable

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

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8.	The above named entity submits this statement for the purpose of changing its register	ed office or registered agent, or bot	h, in the State of Florida.	l am familiar with, and accept
	the obligations of registered agent.			

SIGNATURE

Signature, typed or printed name of registered agent and tritle if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. PD TITLE PEZOLD, JOHN W. NAME 335 COLOMBA ROAD STREET ADDRESS CITY-ST-ZIP DEBARY, FL CEOD TITLE PARSELL, ROBERT N JR NAME STREET ADDRESS **4919 SHORELINE CIRCLE** CITY-ST-ZIP SANFORD, FL STD TITLE NAME PARSELL, INEZ G STREET ADDRESS **4919 SHORELINE CIRCLE** SANFORD, FL CITY-ST-ZIP TITLE **VPD** NAME PARSELL, GREGORY R 2443 FORFASHIRE DR. STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 KELLEY, BEN A NAME 2652 ARCADIA ST. STREET ADDRESS DELTONA, FL 32738 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000577497 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 op an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-07

407-321-0885

Daytime Phot