

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90026 032 ***150.00

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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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01082008 Chg-P CR2E034 (12/06)	
4. FEI Number 59-1841514				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 PARSELL, ROBERT N. JR. 4919 SHORELINE CIRCLE SANFORD, FL 32771			7. Name and Address of New Registered Agent Name Pezold, John W. Street Address (P.O. Box Number is Not Acceptable) 335 Colomba Rd. City DeBary FL Zip Code 32713		
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.</small>			DATE 2-4-08 <small>(NOTE: Registered Agent signature required when renataing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY - ST - ZIP	PD PEZOLD, JOHN W. 335 COLOMBA ROAD DEBARY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO PARSELL, ROBERT N JR 4919 SHORELINE CIRCLE SANFORD, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PARSELL, INEZ G 4919 SHORELINE CIRCLE SANFORD, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PARSELL, GREGORY R 2443 FORFASHIRE DR. WINTER PARK, FL 32792	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KELLEY, BEN A 2852 ARCADIA ST. DELTONA, FL 32738	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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:			John W. Pezold		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 02/04/2008 Daytime Phone # 407 321-0885		