2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90058 032 ***150.00

DOCUMENT # 674120

1. Entity Name
ACE HARDWARE OF SEBRING, INC.

40045119

Principal Place of Business	Mailing Address
305 U.S. 27 NORTH C/O JAMES DAVID SACCO SEBRING, FL 33870-2148	305 U.S. 27 NORTH C/O JAMES DAVID SACCO SEBRING, FL 33870-2148

01132005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-1999018
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SACCO, JAMES DAVID
305 U.S. 27 NORTH
SEBRING, FL

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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 _____
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SACCO, JAMES DAVID
STREET ADDRESS	305 U.S. 27 NORTH
CITY-ST-ZIP	SEBRING, FL
TITLE	STD
NAME	SACCO, LINDA
STREET ADDRESS	305 U.S. 27 NORTH
CITY-ST-ZIP	SEBRING, FL
TITLE	VD
NAME	SACCO, JOEY BROOKS
STREET ADDRESS	305 US 27 N
CITY-ST-ZIP	SEBRING, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: James D Sacco 3/31/05 (863)446-1868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #