

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 674120

1. Entity Name
ACE HARDWARE OF SEBRING, INC.



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

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



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 re-registering)

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	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	

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04/20/06-80030-004 150.

**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

4-04-06 (863) 446-1868

Date

Daytime Phone #