


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H87150**  
1. Entity Name  
ACE AUTOMOTIVE PRODUCTS, INC.



Principal Place of Business  
801 W. FORSYTH ST.  
JACKSONVILLE, FL 32204

Mailing Address  
801 W. FORSYTH ST.  
JACKSONVILLE, FL 32204

**DO NOT WRITE IN THIS SPACE**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2631339

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
  
HARTSOCK, CHARLES G.  
801 WEST FORSYTH STREET  
JACKSONVILLE, FL 32204

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

000000129422  
04/26/04-80077-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	DP HARTSOCK, CHARLES G. 801 W FORSYTH ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	DV HADLEY, GAYLORD 801 W FORSYTH ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	S HARTSOCK, PATRICIA 801 W. FORSYTH ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	T HADLEY, BETTY 801 W. FORSYTH ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

**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: GAYLORD HADLEY 4/23/04 904 353-7111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)