

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H87150

FILED  
May 21, 2009  
Secretary of State

Entity Name: ACE AUTOMOTIVE PRODUCTS, INC.

**Current Principal Place of Business:**

801 W. FORSYTH ST.  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

801 W. FORSYTH ST.  
JACKSONVILLE, FL 32204

**New Mailing Address:**

FEI Number: 59-2631339

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARTSOCK, CHARLES G.  
801 WEST FORSYTH STREET  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HARTSOCK, CHARLES G.  
Address: 801 W FORSYTH ST  
City-St-Zip: JACKSONVILLE, FL

Title: DV ( ) Delete  
Name: HADLEY, GAYLORD  
Address: 801 W FORSYTH ST  
City-St-Zip: JACKSONVILLE, FL

Title: S ( ) Delete  
Name: HARTSOCK, PATRICIA  
Address: 801 W. FORSYTH ST.  
City-St-Zip: JACKSONVILLE, FL

Title: T ( ) Delete  
Name: HADLEY, BETTY  
Address: 801 W. FORSYTH ST.  
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY HADLEY

T

05/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date