2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J27690

City-St-Zip:

LONGWOOD, FL 32779

FILED Apr 06, 2005 Secretary of State

Entity Name: PACE PRODUCTS, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
333 SEMOF APOPKA, F		RCE PLACE US	351 CENTRAL PARK D SANFORD, FL 32771		
Current Ma	ailing Addre	ss:	New Mailing Address	New Mailing Address:	
333 SEMOR APOPKA, F		ERCE PLACE US	351 CENTRAL PARK D SANFORD, FL 32771	DRIVE US	
FEI Number:	59-2709299	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
FINNELL, TIMOTHY A PACE PRODUCTS, INC. 333 SEMORAN COMMERCE PLACE APOPKA, FL 32703 US			351 CENTRAL PARK D	FINNELL, TIMOTHY A PACE PRODUCTS, INC. 351 CENTRAL PARK DRIVE SANFORD, FL 32771 US	
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.					
SIGNATUR	E: TIMOTH	Y A. FINNELL		04/06/2005	
Electronic Signature of Registered Agent			t	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS	AND DIREC	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FINNELL, TIM	ID CROSSING WAY, UNIT 6305	Title: (Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	PD (FINNELL, WIL 3341 FERNLA LONGWOOD,	KE PLACE	Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	ST (FINNELL, JOA 3341 FERNLA		Title: (Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: TIMOTHY A. FINNELL VP 04/06/2005