


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # K57642 1. Entity Name ASSOCIATION OF CAPITAL AND EMPLOYEES, INC. (A.C.E.)	
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Principal Place of Business 640 SOUTH SELFER STREET QUINCY, FL 32351	Mailing Address 640 SOUTH SELFER STREET QUINCY, FL 32351
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**DO NOT WRITE IN THIS SPACE**



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2924832	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  WEIDENBACK, WILLIAM 1560-3 CAPITAL CR. N.W. TALLAHASSEE, FL 32303	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when retaking) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ZUBR, WALCLAW 640 S. SHELFER ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZUBR, WANDA 640 S. SHELFER ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZUBR, HALINA E 640 S. SHELFER ST QUINCY, FL 32351
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**DO NOT WRITE IN THIS SPACE**

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 04/20/04-80037-018 150.00

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: WANDA ZUBR DATE: 04/19/04 DAYTIME PHONE #: 850 627-7171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR