


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000016251</b> 1. Entity Name ACE HARDWARE OF PUNTA GORDA, L.C.	
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Principal Place of Business 208 W. MARION AVE. PUNTA GORDA, FL 33950	Mailing Address P.O. DRAWER 511447 PUNTA GORDA, FL 33951-1447
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<b>DO NOT WRITE IN THIS SPACE</b>
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01052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1064678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  HACKETT, JACK O II 99 NESBIT ST. PUNTA GORDA, FL 33950
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000091932  
03/18/04-80028-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BALES, STEPHEN C 208 W. MARION AVE. PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Steph Bales* *Mar 18 2004* 941-575-4470