


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 02, 2005 08:00 AM  
Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L03000032437</b><br>1. Entity Name<br>HAGAN ACE HARDWARE OF ANASTASIA, LLC |  |
|--|---|

|  |   |
|--|---|
| Principal Place of Business<br>3033 A1A SOUTH<br>SAINT AUGUSTINE, FL 32080 | Mailing Address<br>3050 US 1 SOUTH<br>SAINT AUGUSTINE, FL 32086 |
|--|---|



02142005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>16-1682196 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|---|--|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>HAGAN, DONALD W<br>1022 BLANDING BLVD.<br>ORANGE PARK, FL 32065 |
|--|

**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, 2005**

U00000249342  
03/02/05-80066-017 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>HAGAN, DONALD W<br>1022 BLANDING BLVD.<br>ORANGE PARK, FL 32065   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HAMRICK, STEWART L<br>1022 BLANDING BLVD.<br>ORANGE PARK, FL 32065 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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 608, Florida Statutes.

**SIGNATURE:**

*Donald W. Hagan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*2/28/05 904 797-917*  
Date Daytime Phone #