

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L74860

FILED
Apr 26, 2006
Secretary of State

Entity Name: CENTRAL FLORIDA ACE DEALERS, INC.

Current Principal Place of Business:

1122 W. STATE ROAD 436
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

2034 S RIDGEWOOD AVENUE
SOUTH DAYTONA, FL 32119

Current Mailing Address:

1122 W. STATE ROAD 436
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

2034 S RIDGEWOOD AVENUE
SOUTH DAYTONA, FL 32119

FEI Number: 59-3022865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASMA, WILLIAM N.
886 S. DILLARD STREET
WINTER GARDEN, FL 34787 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARSELL, BOB,
Address: 1122 W. STATE RD 436
City-St-Zip: ALTAMONTE SPRGS, FL

Title: VD () Delete
Name: TOOL, WALTER S., II,
Address: 1122 W. STATE RD 436
City-St-Zip: ALTAMONTE SPRGS, FL

Title: STD () Delete
Name: PHILLIPS, JIM,
Address: 1122 W. STATE RD 436
City-St-Zip: ALTAMONTE SPRGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PARMAN, TOM,
Address: 2034 S RIDGEWOOD AVENUE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: VD (X) Change () Addition
Name: TOOLE, WALTER S., II,
Address: 2034 S RIDGEWOOD AVENUE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: STD (X) Change () Addition
Name: MADDEN, GERALDINE,
Address: 2034 S RIDGEWOOD AVENUE
City-St-Zip: SOUTH DAYTONA, FL 32119

I hereby certify that the information supplied with this filing does not qualify for the 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: GERALDINE MADDEN

STD

04/26/2006

Electronic Signature of Signing Officer or Director

Date