


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L93665</b> 1. Entity Name ACE HARDWARE OF BIG PINE KEY INC.		
Principal Place of Business US HWY 1 MM 30.5 BIG PINE KEY, FL 33043	Mailing Address P.O. BOX 1657 BIG PINE KEY, FL 33043	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  RYAN, CARRIE S. MILE MARKER 30 U S 1 BIG PINE KEY, FL 33043		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYAN, THOMAS D P O BOX 555, N/A BIG PINE KEY, FL	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RYAN, CARRIE S P O BOX 555, N/A BIG PINE KEY, FL	
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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: <u>Carrie S. Ryan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-19-05</u> Daytime Phone # <u>305 8723769</u>



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0211516 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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01/31/05-80042-009 150.00