

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # P02000057777**

1. Entity Name  
**ACE MARKET NETWORK, INC.**



Principal Place of Business  
**1118 CROWN ISLE CIRCLE  
APOPKA, FL 32712**

Mailing Address  
**PO BOX 1191  
APOPKA, FL 32704-1191**

**DO NOT WRITE IN THIS SPACE**



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>75-3060405</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**COLLINS, TOM M  
1118 CROWN ISLE CIRCLE  
APOPKA, FL 32712**

**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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating.)

DATE \_\_\_\_\_

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

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	COLLINS, TOM M
STREET ADDRESS	1118 CROWN ISLE CIRCLE
CITY, ST, ZIP	APOPKA, FL 32712

TITLE	V
NAME	COLLINS, JANET K
STREET ADDRESS	1118 CROWN ISLE CIRCLE
CITY, ST, ZIP	APOPKA, FL 32712

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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CITY, ST, ZIP	

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04/20/04-80059-008 150.00

**DO NOT WRITE  
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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 entities.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Document Fee

*Tom Michael Collins* **Tom Michael Collins** 4-15-04 407-884-8071