


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000082270 1. Entity Name VILLAGE ACE HARDWARE, INC.	
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Principal Place of Business 3417 WEDEWOOD LANE THE VILLAGES, FL 32162	Mailing Address 3417 WEDEWOOD LANE THE VILLAGES, FL 32162
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02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0203228	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WORRELL, RANDELL N 4822 CR 134C WILDWOOD, FL 34785

**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)
Signature, typed or printed name of registered agent and title (if applicable) **11000000452172**
03/11/06-BOW16-UUB 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORRELL, RANDELL N 4822 CR 134C WILDWOOD, FL 34785
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Randell N. Worrell* **2-24-06** **352-748-2307**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #