FILED
May 20, 2005 8:00 am
Secretary of State

04-22-2005 90294 049 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000152676

1. Entity Name
APOPKA ACE HARDWARE AND LUMBER, INC.

Principal Place of Business	Mailing Address
34035 PARKVIEW AVENUE EUSTIS, FL 32736	34035 PARKVIEW AVENUE EUSTIS, FL 32736

66U18116

04192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
530 S. PARK AVE		530 S. PARK AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: APOPKA FL		City & State: APOPKA FL	
Zip: 32703	Country: ~~LAKE~~ ORANGE	Zip: 32703	Country: ORANGE

4. FEI Number: 20-1939199 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, ROBERT Q
380 W. ALFRED STREET
TAVARES, FL 32778

7. Name and Address of New Registered Agent

Name: ROY CADE CARTER JR.
Street Address (P.O. Box Number is Not Acceptable): 34035 PARKVIEW AVE.
City: EUSTIS FL Zip Code: 32736

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] PRES ROY C. CARTER JR. 4/20/05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, ROY C JR. 34035 PARKVIEW AVENUE EUSTIS, FL 32736	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/S/D ROY C. CARTER JR. 34035 PARKVIEW AVE EUSTIS FL 32736	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] PRES ROY C. CARTER JR 4/20/05 407-889-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #