


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90008 029 ***150.00

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|--|--|--|--|--|--|
| DOCUMENT # P04000152676 1. Entity Name APOPKA ACE HARDWARE AND LUMBER, INC. | | | |  | |
| Principal Place of Business 530 S PARK AVE APOPKA, FL 32703 | | | Mailing Address 530 S PARK AVE APOPKA, FL 32703 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 34035 PARKVIEW AVENUE Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State EUSTIS, FL Zip Country 32736 US | | 4. FEI Number 20-1939119 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 02062006 Chg-P CR2E034 (11/05) | |
| 6. Name and Address of Current Registered Agent CARTER, ROY C JR 34035 PARKVIEW AVE EUSTIS, FL 32736 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | DATE | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD CARTER, ROY C JR. 34035 PARKVIEW AVENUE EUSTIS, FL 32736 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>✓ Roy C. Carter Jr.</i> | | | 2/14/06 352-289-1346 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |