


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90383 007 \*\*\*150.00

**DOCUMENT # P05000005964**

1. Entity Name  
**ACE PROCESS SERVICE, INC.**



Principal Place of Business  
**28325 BLUE STAR HIGHWAY  
 HAVANA, FL 32333**

Mailing Address  
**POST OFFICE BOX 345  
 MIDWAY, FL 32343-0345**



2. Principal Place of Business  
**20 E. Washington St.**

3. Mailing Address  
**P.O. Box 345**

Suite, Apt. #, etc.  
**Suite B**

Suite, Apt. #, etc.

01052006 Chg-P CR2E034 (11/05)

City & State  
**Quincy, FL**

City & State  
**Midway, FL**

4. FEI Number  
**55-0889029**

Applied For  
 Not Applicable

Zip  
**32351**

Country  
**Gadsden**

Zip  
**32343**

Country  
**Gadsden**

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

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

**ZINK, KENNETH G  
 28325 BLUE STAR HIGHWAY  
 HAVANA, FL 32333**

**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 Kenneth G. Zink P/S/T/D *Kenneth G. Zink* 4/13/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**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	PSTD ZINK, KENNETH G 28325 BLUE STAR HIGHWAY HAVANA, FL 32333 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZINK, SUZAN L 28325 BLUE STAR HIGHWAY HAVANA, FL 32333 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Kenneth G. Zink, Pres. *Kenneth G. Zink* 4/13/06 875-7993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #