




# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90133 035 \*\*\*150.00

<b>DOCUMENT # P05000160003</b> 1. Entity Name <b>ACE BOOKKEEPING SERVICES, INC.</b>					
Principal Place of Business <b>30931 AVENUE A BIG PINE KEY, FL 33043</b>			Mailing Address <b>30931 AVENUE A BIG PINE KEY, FL 33043</b>		
2. Principal Place of Business - No P.O. Box # <b>540 Key Deer Blvd</b>		3. Mailing Address <b>P.O. Box 431950</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>BIG PINE KEY FL</b>		City & State <b>BIG PINE KEY FL</b>		4. FEI Number <b>22-3918674</b>	
Zip <b>33043</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KOCH, KIMBERLY A PTD 30931 AVENUE A BIG PINE KEY, FL 33043</b>				7. Name and Address of New Registered Agent Name <b>REBECCA Todd</b> Street Address (P.O. Box Number is Not Acceptable) <b>199 16<sup>th</sup> Court GULF</b> City <b>MARATHON</b> FL Zip Code <b>33050</b>	
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  <b>REBECCA Todd, Vice President</b> 4/30/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KOCH, KIMBERLY A 30931 AVENUE A BIG PINE KEY, FL 33043 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Koch, Kimberly A. P.O. Box 431950 Big Pine Key, FL 33043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TODD, REBECCA J 30931 AVENUE A BIG PINE KEY, FL 33043 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Todd, Rebecca J. 199 16th Ct. Gulf Marathon, FL 33050 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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"/> Delete			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"/> Delete			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"/> Delete			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.					
<b>SIGNATURE:</b>  <b>REBECCA Todd</b> 4/30/08 305-893-5960 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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