

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

04-16-2008 90026 030 ***150.00

DOCUMENT # P06000040711 1. Entity Name ACE OF SPADES CONSTRUCTION INC.			
Principal Place of Business 8522 FREESE RD PANAMA CITY, FL 32404		Mailing Address 8522 FREESE RD PANAMA CITY, FL 32404	
2. Principal Place of Business - No P.O. Box # 1020 Georgia Ave Suite, Apt. #, etc.		3. Mailing Address 2310 S. Hwy 77 Ste. 110 Box 347	
City & State Lynn Haven FL Zip 32444		City & State Lynn Haven FL Zip 32444	
Country Bay		Country Bay	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPT MCEWEN, RYAN 503 INDIANA AVENUE LYNNHAVEN, FL 32444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ryan McEwen 609 E. 2nd St Panama City FL 32401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCEWEN, TYLER 503 INDIANA AVENUE LYNNHAVEN, FL 32444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Tyler McEwen 1020 Georgia Ave Lynn Haven FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROXTON, JEFFREY 503 INDIANA AVENUE LYNNHAVEN, FL 32444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jeffrey Broxton 1401 County Hwy 252 Panama City, FL 32404 <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
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 5/27/08 Daytime Phone #	

66013152



04082008 Chg-P CR2E034 (12/06)

4. FEI Number **22-5923044** **22-3923044** Applied For
Not Applicable

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