

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90121 003 ***150.00




DOCUMENT # P06000120474
 1. Entity Name
ACE OF SPADE ST JOHNS COUNTY INCORPORATED

Principal Place of Business Mailing Address
4265 WANDA STREET **511 LAKE MARIAM TERRACE**
HASTINGS, FL 32145 **WINTER HAVEN, FL 33884 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1910 Westover Dr **1910 Westover Dr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Palatka, FL **Palatka, FL**
 Zip Country Zip Country
32177 **USA** **32177** **USA**


 07012008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
OVALLE, TOMMY
511 LAKE MARIAM TERRACE
WINTER HAVEN, FL 33884

7. Name and Address of New Registered Agent
 Name **Dale Flanagan**
 Street Address (P.O. Box Number is Not Acceptable)
1910 Westover Dr
 City **Palatka** **FL** Zip Code **32177**

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 *Dale R Flanagan* DATE **8-7-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	FLANAGAN, DALE R
STREET ADDRESS	4265 WANDA STREET
CITY-ST-ZIP	HASTINGS, FL 32145
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1910 Westover Dr
CITY-ST-ZIP	Palatka, FL 32177
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Dale R Flanagan* Date **8-7-08** Daytime Phone # **(386) 983-0138**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR