


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 4265 WANDA STREET HASTINGS, FL 32145			Mailing Address 511 LAKE MARIAM TERRACE WINTER HAVEN, FL 33884 US		
2. Principal Place of Business - No P.O. Box # 1910 Westover Dr Suite, Apt. #, etc.		3. Mailing Address 1910 Westover Dr Suite, Apt. #, etc.			
City & State Palatka, FL		City & State Palatka, FL		4. FEI Number 20-5935141	
Zip 32177		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <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 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete FLANAGAN, DALE R 4265 WANDA STREET HASTINGS, FL 32145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1910 Westover Dr Palatka, FL 32177	
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	
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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: Dale R Flanagan <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8-7-08 (386) 983-0138 <small>Date Daytime Phone #</small>		