

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P28883 1. Entity Name ACE LAB, INC.	
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Principal Place of Business 2211 S. TAMiami TRAIL VENICE, FL 34293	Mailing Address 2211 S. TAMiami TRAIL VENICE, FL 34293
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03202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-4443523	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PITCHFORD, MALCOLM 240 S. PINEAPPLE AVE., 8TH FLOOR SARASOTA, FL 34236

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U00000107623
04/09/04-80022-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PITCHFORD, MALCOLM J 240 S. PINEAPPLE AVE, 10TH FL SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DOERR, KENNETH D 240 S. PINEAPPLE AVE, 10TH FL SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENSON, JOHN 2211 S. TAMiami TRAIL VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, TOM 63 MILL STREET PATASKALA, OH 43062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(3), 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: *Mark D. Davis* x 4/3/04 x 941-364-2784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #