2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AN

DOCUMENT # P9300001135 1. Entity Name ACE RANGE, INCORPORATED	5			Sec	cretary of Sta	te
	niling Address 18 S ORLEANS AVENUE					
	AMPA, FL 33606 US .	-	5 *#### ## ! 11 # # #	:## ::::: ##::: ##::: ##:::	i www. www. ilwux ouwwe cogat washus ar swii	
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			04262004	No Chg-P	CR2E034 (10/03)	
po NOT WRITE IN			4. FEI Number 59-31741	132	Applied For Not Applicat	ble
The state of the s			5. Certificate of		\$8.75 Additional Fee Required	
6. Name and Address of Current Regist	tered Agent				建筑建设建设设施设施设施	
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The above named entity submits this statement for the p the obligations of registered agent.	urpose of changing its register	ed office or register	ed agent, or both,	in the State of Flor	rida. I am familiar with, and acce	pt
SIGNATURE Signature typed or printed name of registered agent and title to	Familicable (NOTE Recystere	d Agent signature required	when renstation)	<u> </u>	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		00 May Be ed to Fees	05/04/04-	1150663 -80013-024 150.00	
10. OFFICERS AND DIREC	CTORS		an analytical principal states		A STATE OF THE STA	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Flortda 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR