7

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000001135

1. Entity Name
ACE RANGE, INCORPORATED

Principal Place of Business	Mailing Address
820 S KINGS AVE BRANDON, FL 33511 US	718 S ORLEANS AVENUE TAMPA, FL 33606 US

04262004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3174132	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEE, SU
718 S ORLEANS AVENUE
TAMPA, FL 33606

DO NOT WRITE 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

Signature typed or printed name of registered agent and title if applicable   (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

00000001150663
05/04/04--80013-024 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	PLACE, WILLIAM L
STREET ADDRESS	718 S ORLEANS AVENUE
CITY-ST-ZIP	TAMPA, FL 33606

TITLE	VP
NAME	LEE, SU U.
STREET ADDRESS	718 S ORLEANS AVENUE
CITY-ST-ZIP	TAMPA, FL 33606

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(i), 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: _Su Lee, Su Lee_   4/26/04   813-251-4244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #