

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90001 019 \*\*\*563.75

**DOCUMENT # P94000062165**

1. Entity Name

M.L. ACE, INC.



Principal Place of Business

12644 PALM BEACH BLVD.  
FT MYERS FL 33905  
US

Mailing Address

12644 PALM BCH BLVD  
FT MYERS FL 33905  
US

2. Principal Place of Business

11240 CLEVELAND  
Suite, Apt. #, etc.

3. Mailing Address

11240 CLEVELAND AVE  
Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

FT. MYERS FL

Zip

33907

Country

U.S.A

Zip

33907

Country

U.S.A

4. FEI Number

65-0517538

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required



MOORE

CR2E034 (4/04)

6. Name and Address of Current Registered Agent

PINTER, MICHAEL R  
4328 CORPORATE SQUARE, C  
NAPLES FL 33942

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D  
ACE, MYRON L  
Delete  
STREET ADDRESS  
15100 HARBOUR ISLE DR APT 802  
CITY-ST-ZIP  
FORT MYERS FL 33908-6833

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
Delete  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MYRON ACE 7-30-04 239 2785333