


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90007 050 \*\*\*150.00

<b>DOCUMENT # P94000078652</b>	
1. Entity Name <b>ACE REAL ESTATE SERVICES, INC.</b>	

Principal Place of Business <b>1019 S. RIDGEWOOD AVE. EDGEWATER, FL 32132 US</b>	Mailing Address <b>P.O. BOX 1665 NEW SMYRNA BEACH, FL 32170 US</b>
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44050861



2. Principal Place of Business <b>2220 Hibiscus Dr. # 8</b>	3. Mailing Address <b>Suite, Apt. #, etc.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07222004 Chg-P CR2E034 (10/03)

City & State <b>Edgewater, Fl</b>	City & State
Zip <b>32141</b>	Country <b>Volusia</b>

4. FEI Number <b>59-3277676</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>LAUGHLIN, WALTER 1019 S. RIDGEWOOD AVE. EDGEWATER, FL 32132</b>	
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7. Name and Address of New Registered Agent Name <b>Laughlin, Walter</b> Street Address (P.O. Box Number is Not Acceptable) <b>2220 Hibiscus Dr. # 8</b> City <b>Edgewater</b> FL Zip Code <b>32141</b>	
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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 *Walter Laughlin P.V.T.S.* (NOTE: Registered Agent signature required when reinstated) DATE *7/27/04*

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVTS LAUGHLIN, WALTER 1019 S. RIDGEWOOD AVE. EDGEWATER, FL 32132</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2220 Hibiscus Dr. # 8 Edgewater, fl 32141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(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: *Walter Laughlin* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE *7/27/04*