


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90055 023 \*\*\*150.00

<b>DOCUMENT # P95000024829</b> 1. Entity Name <b>SOUTH ORANGE ACE HARDWARE COMPANY, INC.</b>	
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Principal Place of Business <b>500 S. DILLARD STREET WINTER GARDEN, FL 34787</b>	Mailing Address <b>500 S. DILLARD STREET WINTER GARDEN, FL 34787</b>
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01252007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3306249</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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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>TOOLE, WALTER S II 500 S DILLARD ST WINTER GARDEN, FL 34787</b>
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**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 *Walter S II Tooley* 2/7/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TOOLE, WALTER S II 500 S. DILLARD STREET WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST ASMA, WILLIAM N 500 S. DILLARD STREET WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TOOLE, PATRICIA S 500 S. DILLARD STREET WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemptions contained in Chapter 119, 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 employment.

SIGNATURE: *Walter S II Tooley* 3/5/07 407-466-2653  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #