## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

**DOCUMENT # P96000017245** ACE HARDWARE OF SOUTH WALTON, INC.



**FILED** Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

11176 EMERALD COAST PKWY WEST MIRAMAR BEACH, FL 32550 US

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DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 04192006 Applied For 4. FEI Number

5. Certificate of Status Desired

59-3366065

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

RICHARDSON, MICHAEL 11176 EMERALD COAST PKWY WEST MIRAMAR BEACH, FL 32550

## DO NOT WRITE

				IN THIS SPACE		
	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	d office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title it	f applicable (NOTE Registered	Agent signatur	a required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		\ <u></u>		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD RICHARDSON, MICHAEL 133 CREST DR MIRAMAR BEACH, FL 32550				U00000527217 05/04/06-80105-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARDSON, ROBIN L 133 CREST DR MIRAMAR BEACH, FL 32550				05/04/06-80105-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN "	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS						

12. I hereby certify that the Information supplied with this filing does not qualify for the exemptions contained in Chapter 115, Florida Statutes. I further certify that the Information indicated on this report or supplemental report is true and activate and that my signature shall have the same legal effect as if made under ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to expect the 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 physikie empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davrime Phone #