

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90166 029 ***150.00

DOCUMENT # P98000033487					
1. Entity Name CONSOLIDATED ACE HARDWARE KILLEARN, INC.					
Principal Place of Business 4831 KERRY FOREST PARKWAY TALLAHASSEE, FL 32808			Mailing Address PO BOX 1449 DEFUNIAK SPGS, FL 32435		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FCI Number 59-3507694				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLEET, H. BART FLEET, SPENCER, MARTIN & KILPATRICK, PA 4104 EGLIN PARKWAY SHALIMAR, FL 32579-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Accepted) 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 of the individual or entity submitting this report. If the registered agent is submitting this report, the signature of the registered agent is required.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III 11		
TITLE	D	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	BUTTS, R. BRUCE		NAME		
STREET ADDRESS	P.O. BOX 1449		STREET ADDRESS		
CITY, ST, ZIP	DEFUNIAK SPRINGS, FL 32433		CITY, ST, ZIP		
TITLE	D	☐ Delete	TITLE	☒ Change	☐ Addition
NAME	FRIZZELL, ARTHUR W		NAME	P/T FRIZZEL, ARTHUR W	
STREET ADDRESS	P.O. BOX 1449		STREET ADDRESS		
CITY, ST, ZIP	DEFUNIAK SPRINGS, FL 32433		CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☒ Addition
NAME			NAME	V/S MILLER, PAMELA	
STREET ADDRESS			STREET ADDRESS	334 S. 11th Street	
CITY, ST, ZIP			CITY, ST, ZIP	Defuniak Spgs., FL 32435	
TITLE		☐ Delete	TITLE	☐ Change	☒ Addition
NAME			NAME	V BETTS, WILLIE S.	
STREET ADDRESS			STREET ADDRESS	1212 S. 2ND STREET	
CITY, ST, ZIP			CITY, ST, ZIP	DEFUNIAK SPGS, FL 32435	
TITLE		☐ Delete	TITLE	☐ Change	☒ Addition
NAME			NAME	V FRIZZELL, ARTHUR III	
STREET ADDRESS			STREET ADDRESS	233 AERO DRIVE	
CITY, ST, ZIP			CITY, ST, ZIP	DEFUNIAK SPGS FL 32433	
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 I 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 within a holder like empowered.					
SIGNATURE: <i>Ante K. Hoops, Dir of Acct's</i> 4/25/05 850-892-0684					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					