2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90386 001 ***158.75

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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

60023350

02082006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI 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	7. Name and Address of New Registered Agent
FLEET, H. BART FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR, FL 32579-0000	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 $150.00
After May 1, 2006 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 IN 11	
TITLE	VIS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILLER, PAMELA		NAME	
STREET ADDRESS	334 S 11TH STREET		STREET ADDRESS	
CITY ST ZIP	DEFUNIAK SPRINGS, FL 32435		CITY ST ZIP	
TITLE	PT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRIZZELL, ARTHUR W		NAME	
STREET ADDRESS	P.O. BOX 1449		STREET ADDRESS	
CITY ST ZIP	DEFUNIAK SPRINGS, FL 32433		CITY ST ZIP	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BETTS, WILLIW S		NAME	
STREET ADDRESS	1272 S 2ND STREET		STREET ADDRESS	
CITY ST ZIP	DEFUNIAK SPRINGS, FL 32435		CITY ST ZIP	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRIZZELL, ARTHUR III		NAME	
STREET ADDRESS	233 AERODRIVE		STREET ADDRESS	
CITY ST ZIP	DEFUNIAK SPRINGS, FL 32433		CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	
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 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 empowered.

SIGNATURE: [signature] 3/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #