

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90098 028 \*\*\*158.75

<b>DOCUMENT # P98000033487</b> 1. Entity Name <b>CONSOLIDATED ACE HARDWARE KILLEARN, INC.</b>					
Principal Place of Business <b>4831 KERRY FOREST PARKWAY TALLAHASSEE, FL 32808</b>			Mailing Address <b>PO BOX 1449 DEFUNIAK SPGS, FL 32435</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>FRIZZELL, ARTHUR W 580 TWIN LAKES DRIVE DEFUNIAK SPRINGS, FL 32433</b>				<b>7. Name and Address of New Registered Agent</b> Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VIS MILLER, PAMELA 334 S 11TH STREET DEFUNIAK SPRINGS, FL 32435</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT FRIZZELL, ARTHUR W P.O. BOX 1449 DEFUNIAK SPRINGS, FL 32433</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BETTS, WILLIWS 1272 S 2ND STREET DEFUNIAK SPRINGS, FL 32435</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FRIZZELL, ARTHUR III 233 AERODRIVE DEFUNIAK SPRINGS, FL 32433</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 which is an address, with all other like empowered.

**SIGNATURE:**

**PAMELA MILLER, V.S.**

**4/17/08** **850 892-7283**

Date Daytime Phone #

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40073031



04162008 Chg-P CR2E034 (12/06)

4. FEI Number **59-3507694** Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**FL** Zip Code