

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90241 002 ***150.00

DOCUMENT # P98000105754

1. Entity Name
KINGSWAY ACE HARDWARE, INC.



Principal Place of Business
**912 KINGS HIGHWAY
PORT CHARLOTTE, FL 33980**

Mailing Address
**912 KINGS HIGHWAY
PORT CHARLOTTE, FL 33980**

60000493



2. Principal Place of Business - No P.O. Box #

912 KINGS HWY

3. Mailing Address

912 KINGS HWY

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

01052007

Chg-P

CR2E034 (12/06)

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE FL

4. FEI Number

65-0882392

Applied For

Not Applicable

Zip

Country

33980

Zip

Country

33980

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STAATS, HAROLD J
335 MARANON WAY
PUNTA GORDA, FL 33983**

7. Name and Address of New Registered Agent

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, 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 **P** ☐ Delete
NAME **STAATS, HAROLD J**
STREET ADDRESS **335 MAARANON WAY**
CITY-ST-ZIP **PUNTA GORDA, FL 33983**

TITLE **S** ☐ Delete
NAME **STAATS, RUTH A**
STREET ADDRESS **335 MARANON WAY**
CITY-ST-ZIP **PUNTA GORDA, FL 33983**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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: **Ruth A. Staats** **RUTH A. STAATS**

1-5-07

741-629-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #