2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000028478

1. Entity Name
FIVE ACES CORP.

Principal Place of Business	Mailing Address
C/O WILLIAM K. THOMAS, JR. 1901 W CASS ST TAMPA, FL 33606	C/O WILLIAM K. THOMAS, JR. 1901 W CASS ST TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3566842
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, WILLIAM K JR.
1901 W. CASS ST.
TAMPA, FL 33606

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D
NAME	HERIG, RUSSELL
STREET ADDRESS	4104 HELENE PL
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	ROGERS, CURTIS
STREET ADDRESS	2619 RANCH RD
CITY-ST-ZIP	DOVER, FL 33527
TITLE	D
NAME	THOMAS, WILLIAM JR.
STREET ADDRESS	1901 W. CASS ST
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	WEBB, LLOYD
STREET ADDRESS	11516 RIVER COUNTRY DR.
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: William Thomas, Jr. Registered Agent 1/9/06 813-254-8762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #