2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

·	ANNUAL	REPURI (AH	<u> </u>	- Mar 27, 2006 08:00 AM
DOCUMENT # P99000104467 1. Entity Name *				Secretary of State
ACE CAA	NE SERVICE, INC.			
Principal Plac	ce of Business	Mailing Address		
390 7TH ST SW		390 7TH ST SW		
NAPLES FL US	34117	NAPLES FL 34117 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4, FEI Number 65-0964133 Applied For Not Applied
Zip	Country	Zip	Country	Certificate of Status Desired S. 75 Additional Fee Required
	6. Name and Address of Co	irrent Registered Agent		7. Name and Address of New Registered Agent
			Name	
690	NN, LEONARD L 7TH ST. S.W. PLES FL 34117		Street Addres	is (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
5. The above the obligat	named entity submits this statentions of registered agent.	ment for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and acco
SIGNATURE	Signature Typeri or printed name of registers	d agent and life if applicable (NO)	E. Registered Agent signature requi	rrcd when rockstaling) DATE
	··	- 		
After	ILE NOW!!! FEE IS \$150.0 May 1, 2006 Fee Will Be \$5 k Payable to Florida Departm	50.00		9. Election Campaign Financing \$5.00 May 9 Trust Fund Contribution. Added to Fees
10.	OFFICERS	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Dalete	TUTLE	☐ Change ☐ Add**
NAME STREET KNORESS	DUNN, LEONARD L 690 7TH ST. S.W.		NAME STREET ADDRESS	ຸປ່າປຸ່ນຄົດຄາຊິນຄຸນ 3
CITY-ST-ZIP	NAPLES FL 34117		CITY-SI-ZIP	U4/10/06-8888-019 150.00
DRE	D	☐ Deleta	TITLE	☐ Change ☐ Addition
NAME	DUNN, SONJA M	_	tiame	_ , _
STREET ABORESS CITY-ST-ZIP	690 7TH ST. S.W.	_	STREET ADDRESS	
Titte	NAPLES FL 34117	☐ Delete	ENY-ST-ZIP	☐ Change ☐ Acc?
NAME		דין הפינופ	NAME	☐ Change ☐ Addition
STREET ADDRESS	}		STREET AUDIRESS	
CITY-ST-ZIP			CSTY-ST-ZW	
TITLE NAME		☐ Delete	TOTALE	☐ Change ☐ Add®
STREET ADDRESS			name Street address	
CITY-ST-ZIP			CITY-ST-ZIP	
DILE		☐ Oelete	TALE	☐ Change ☐ Addin
NAME			3MAN.	
STREET ADDRESS CHY-ST-ZIP		*·	STREET ADDRESS CITY-ST-ZIP	
BILL	}	□ Delete	माद	☐ Change ☐ Addit
name Street address	{		NAME STREET ADDRESS	
CITY-ST-ZIP	}		CITY-ST-ZIP	

FILED

12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Section 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:

Joya W. Dum

3-22-06 239-643-292