

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K57642

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** ASSOCIATION OF CAPITAL AND EMPLOYEES, INC. (A.C.E.)

**Current Principal Place of Business:**

640 SOUTH SELFER STREET  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

640 SOUTH SELFER STREET  
QUINCY, FL 32351

**New Mailing Address:**

FEI Number: 59-2924832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEIDENBACK, WILLIAM  
1560-3 CAPITAL CR. N.W.  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

ZUBR, WANDA T  
640 S SHELFER ST  
QUINCY, FL 32351 US

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.

SIGNATURE: WANDA ZUBR

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: ZUBR, WALCLAW  
Address: 640 S. SHELFER ST  
City-St-Zip: QUINCY, FL 32351

Title: P ( ) Delete  
Name: ZUBR, WANDA,  
Address: 640 S. SHELFER ST  
City-St-Zip: QUINCY, FL 32351

Title: S ( ) Delete  
Name: ZUBR, HALINA E  
Address: 640 S. SHELFER ST  
City-St-Zip: QUINCY, FL 32351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA ZUBR

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date