


**2006.FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F39155  
 1. Entity Name  
 KANE'S ACE HARDWARE, INC.



Principal Place of Business      Mailing Address  
 3600 S SUNCOAST BLVD      3600 S SUNCOAST BLVD  
 HOMOSASSA, FL 34448 US      HOMOSASSA, FL 34448 US



01302006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-2076409      Not Applicable

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

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6. Name and Address of Current Registered Agent  
 HEWITT, JAMES D  
 3600 S SUNCOAST BLVD  
 HOMOSASSA, FL 34448

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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 restating)

**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          | P                             |
| NAME           | KANE, VICKY A                 |
| STREET ADDRESS | 51 GREENTREE ST.              |
| CITY-ST-ZIP    | HOMOSASSA, FL 34446           |
| TITLE          | ST                            |
| NAME           | HEWITT, JAMES D               |
| STREET ADDRESS | 1949 SPANISH OAKS DRIVE NORTH |
| CITY-ST-ZIP    | PALM HARBOR, FL 34683         |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| 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: James D. Hewitt      Date: 2/1/06      Daytime Phone #: (352) 628-3566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR