2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F39155

1. Entity Name
KANE'S ACE HARDWARE, INC.

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

DO NOT WRITE IN THIS SPACE

02022007   No Chg-P   CR2E034 (11/05)

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 _____
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

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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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/07-80064-014 150.00

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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 X _____   2/2/07   (352)628-3566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #