

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000080088

FILED
Apr 22, 2009
Secretary of State

Entity Name: ACFF MANAGEMENT SYSTEMS, INC.

Current Principal Place of Business:

6962 VERDE WAY
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 27
2214 US 41 N.
HENDERSON, KY 42419 00

New Mailing Address:

FEI Number: 65-0539390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, JACK B
6962 VERDE WAY
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDERSON, JACK B
Address: 6962 VERDE WAY
City-St-Zip: NAPLES, FL 34108

Title: VP () Delete
Name: CULVER, GLENN A
Address: 1026 DOLPHIN DR
City-St-Zip: CAPE CORAL, FL 33904

Title: ST () Delete
Name: RAY, FRANCIS C
Address: P. O. BOX 27
City-St-Zip: HENDERSON, KY 42420

Title: VP () Delete
Name: FRITSCHLE, RICKE A
Address: 7409 E OLIVE ST
City-St-Zip: EVANSVILLE, IN 47715

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: CAROL FINN

CPA

04/22/2009

Electronic Signature of Signing Officer or Director

Date