


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90084 035 \*\*\*150.00

<b>DOCUMENT # P00000097206</b>	
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1. Entity Name  
ACI HOME MANAGEMENT, INC.

Principal Place of Business  
218 S. US HWY ONE  
#101A  
TEQUESTA, FL 33469

Mailing Address  
218 S. US HWY ONE  
#101A  
TEQUESTA, FL 33469



2. Principal Place of Business, No P.O. Box # <b>612 N Orange Ave</b> Suite, Apt. #, etc. <b>Suite D12</b> City & State <b>Jupiter FL</b> Zip <b>33458</b>	3. Mailing Address <b>612 N Orange Ave</b> Suite, Apt. #, etc. <b>Suite D12</b> City & State <b>Jupiter FL</b> Zip <b>33458</b>
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01082008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-1053597**

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>ANDERSON, DANA M</b> <b>48 YACHT CLUB DRIVE</b> <b>TEQUESTA, FL 33469</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, DANA M 48 YACHT CLUB DRIVE TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_

**Dana M. Anderson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-8-08**

Date

**561-747-2218**

Daytime Phone #