## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F93000003342

Entity Name: A.C.T.S. 29, INC.

FILED Mar 26, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6209 SOUTH LIMA AVENUE HOMOSASSA, FL 34446

Current Mailing Address: New Mailing Address:

6343 SO. L.IMA AVENUE HOMOSASSA, FL 34446

FEI Number: 42-1121123 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HAINES, DEBORAH R
6343 SO. LIMA AVE.
HOMOSASSA, FL 34446 US
HAINES-SASKOWSKI, DEBORAH R
6343 SO. LIMA AVE.
HOMOSASSA, FL 34446 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: DEBORAH HAINES-SASKOWSKI 03/26/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: CDP

Name: HAINES-SASKOWSKI, DEBORAH

Address: 6343 SO. LIMA AVE.
City-St-Zip: HOMOSASSA, FL 34446

Title: VCD

Name: HAINES, DANIEL
Address: 6343 S. LIMA AVENUE
City-St-Zip: HOMOSASSA, FL

Title: BMD

Name: LYUBLANOVITS, KATHRYN M Address: 604 46 AVENUE NORTH City-St-Zip: SAINT PETERSBURG, FL 33703

Title: BMD

Name: ESSER, MATTHEW Address: 6343 S LIMA AVE City-St-Zip: HOMOSASSA, FL

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBORAH HAINES-SASKOWSKI DIR 03/26/2011