2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K47977

1. Entity Name
ACKERMAN HOMES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1226 FERNANDINA BEACH, FL 32034	P.O. BOX 1226 FERNANDINA BEACH, FL 32034

DO NOT WRITE IN THIS SPACE

01252007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2921205	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ACKERMAN, MICHAEL L.
102 S. 17 ST
FERNANDINA BEACH, FL 32034

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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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ACKERMANN, MICHAEL L
STREET ADDRESS	102 S 17TH ST
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034

TITLE	D
NAME	ACKERMAN, MICHAEL L.
STREET ADDRESS	102 S. 17TH STREET
CITY-ST-ZIP	FERNANDINA BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/17/07-80069-008 150.00

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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: _____ PRESIDENT 4/5/07 904-261-5824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

MICHAEL L. ACKERMAN