

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K67620

Entity Name: ACROPOLIS II, INC.

FILED
Jul 08, 2005
Secretary of State

Current Principal Place of Business:

8731 STATE ROAD 52
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

8731 STATE ROAD 52
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-2935792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIGMONE THOMAS
10128 AROW CREEK RD
NEW PORT RICHEY, FL 34655 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: SIGMORE, THOMAS
Address: 10128 ARROW CREEK RD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP () Delete
Name: SIGNONE, JOHN
Address: 1042 WOODLAND DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S () Delete
Name: SIGMONE, FLORENCE
Address: 10128 ARROW CREEK RD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP () Delete
Name: SIGMONE, JAMES
Address: 9035 REMINGTON DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP () Delete
Name: SIGMONE, THOMAS JR
Address: 10128 ARROW CREEK RD
City-St-Zip: NEW PORT RICHEY, FL 34655

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS SIGMONE

PRES

07/08/2005

Electronic Signature of Signing Officer or Director

Date