2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State
07-05-2007 90060 009 ***155.00

DOCUMENT # K67620

1. Entity Name
ACROPOLIS II, INC.

Principal Place of Business	Mailing Address
8731 STATE ROAD 52 HUDSON, FL 34667	8731 STATE ROAD 52 HUDSON, FL 34667

06282007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8731 STATE ROAD 52	8731 STATE ROAD 52
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HUDSON FL	City & State: HUDSON FL
Zip: 34667 Country: PASCO	Zip: 34667 Country: PASCO

4. FEI Number: 59-2935792 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIGMONE THOMAS 10128 AROW CREEK RD NEW PORT RICHEY, FL 34655	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT SIGMORE, THOMAS 10128 ARROW CREEK RD NEW PORT RICHEY, FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SIGNONE, JOHN 1042 WOODLAND DR NEW PORT RICHEY, FL 34655	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SIGMONE, FLORENCE 10128 ARROW CREEK RD NEW PORT RICHEY, FL 34655	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P AND SEC'Y LOULOUDI F SIGMONE 10128 ARROW CREEK ROAD NEW PORT RICHEY FL 34655 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SIGMONE, JAMES 9035 REMINGTON DR NEW PORT RICHEY, FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SIGMONE, THOMAS JR 10128 ARROW CREEK RD NEW PORT RICHEY, FL 34655	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STEPHANIE SIGMONE 9035 REMINGTON DRIVE NEW PORT RICHEY FL. 34655 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 6/26/07 7278621965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #