2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2012
Secretary of State

DOCUMENT# K67620

Entity Name: ACROPOLIS II, INC.

Current Principal Place of Business:

8737 STATE ROAD 52
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

8737 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

OFFICERS AND DIRECTORS:

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

Title: T
Name: SIGMONE, LOULOUDI
Address: 10128 ARROW CREEK RD
City-St-Zip: NEW PORT RICHEY, FL 34655

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

Title: VP
Name: SIGMONE, JOHN
Address: 10128 ARROW CREEK RD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP
Name: SIGMORE, STEPHNAIE
Address: 9035 REMINGTON DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP
Name: SIGMORE, JAMES JR
Address: 8528 SHALLOW CREEEK COURT
City-St-Zip: NEW PORT RICHEY, FL 34653

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

SIGNATURE: THOMAS SIGMONE P 04/02/2012

Electronic Signature of Signing Officer or Director Date