

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04272007 Chg-P CR2E034 (12/06) 07

DOCUMENT # L03251			
1. Entity Name ACUERA CORP.			
Principal Place of Business % RICHARD J MIDULLA 16313 N DALE MABRY HWY TAMPA, FL 33618 US		Mailing Address P. O. BOX 272000 TAMPA, FL 33688 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2961273		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MIDULLA, RICHARD J 16313 NORTH DALE MABRY HWY. TAMPA, FL 33618		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGE, MALCOLM US HWY 90 W MADISON, FL 32341 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, ROBERT 14651 21ST STREET DADE CITY, FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200102200832 05/11/07--01011--003 **8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TURKE, THOMAS H 16313 N. DALE MABRY HWY TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200102200832 05/11/07--01008--023 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOODBURY, TIMOTHY S 16313 N. DALE MABRY HWY TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, MAL 1640 W. JEFFERSON QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIDULLA, RICHARD 16313 N DALE MABRY HWY TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>John W. Greenbanks</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/27/07</u> Daytime Phone #: <u>813 9630994</u>	

John W. Greenbanks

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ATTACHMENT

Acuera Corp.  
16313 N. Dale Mabry Highway  
P.O. Box 272000  
Tampa, FL 33688-2000

10. Names and Street Addresses of Each Officer and Director (Continued)

TITLE	NAMES OF OFFICERS AND DIRECTORS	STREET ADDRESS OF EACH OFFICER AND DIRECTOR	CITY, STATE, ZIP
T	John W. Geeraerts	16313 N. Dale Mabry Hwy.	Tampa, FL 33618