

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004922

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** ACME HOMES II, INC.

**Current Principal Place of Business:**

8438 SUNCOAST BLVD  
HOMOSASSA, FL 32646

**New Principal Place of Business:**

8438 SUNCOAST BLVD  
HOMOSASSA, FL 34446 US

**Current Mailing Address:**

8438 SUNCOAST BLVD  
HOMOSASSA, FL 32646

**New Mailing Address:**

8438 SUNCOAST BLVD  
HOMOSASSA, FL 34446 US

**FEI Number:** 59-3688736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZAHRINGER, GERALD J  
8438 SUNCOAST BLVD.  
HOMOSASSA, FL 32646 US

**Name and Address of New Registered Agent:**

ZAHRINGER, GERALD J  
8438 SUNCOAST BLVD.  
HOMOSASSA, FL 34446 US

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:**

02/22/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ZAHRINGER, GERALD J  
**Address:** 8438 SUNCOAST BLVD  
**City-St-Zip:** HOMOSASSA, FL 34446 US

**Title:** S/T  
**Name:** ZAHRINGER, DARLENE A  
**Address:** 8438 SUNCOAST BLVD  
**City-St-Zip:** HOMOSASSA, FL 34446 US

**Title:** VP  
**Name:** ZAHRINGER, JOHN  
**Address:** 8438 S. SUNCOAST BLVD.  
**City-St-Zip:** HOMOSASSA, FL 34446 US

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:** GERALD J ZAHRINGER

PRES

02/22/2010

Electronic Signature of Signing Officer or Director

Date