

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000000645

Entity Name: 7AC CLUB, INC.

FILED  
Oct 18, 2009  
Secretary of State

## Current Principal Place of Business:

2819 SABER DR  
CLEARWATER, FL 33759

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 14753  
CLEARWATER, FL 33766

## New Mailing Address:

FEI Number: 54-2095876

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PORTER, JAMES M  
2819 SABER DRIVE  
CLEARWATER, FL 33759 US

## Name and Address of New Registered Agent:

PORTER, JAMES M SEC.  
2819 SABER DRIVE  
CLEARWATER, FL 33759 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: JAMES M. PORTER

10/18/2009

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: PD ( ) Delete  
Name: MCKENNA, GEORGE W  
Address: 90 S. HIGHLAND AVE UNIT # 14  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD ( ) Delete  
Name: SLATTERY, EDWARD  
Address: 456 GARDENIA STREET  
City-St-Zip: BELLEAIR, FL 33756

Title: SD ( ) Delete  
Name: PORTER, JAMES  
Address: 2819 SABER DR  
City-St-Zip: CLEARWATER, FL 33759

Title: TD ( ) Delete  
Name: PORTER, JAMES  
Address: 2819 SABER DR  
City-St-Zip: CLEARWATER, FL 33759

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MCKENNA, GEORGE W PRES.  
Address: 90 S. HIGHLAND AVE UNIT # 14  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD (X) Change ( ) Addition  
Name: SLATTERY, EDWARD VICE PR  
Address: 456 GARDENIA STREET  
City-St-Zip: BELLEAIR, FL 33756

Title: SD (X) Change ( ) Addition  
Name: PORTER, JAMES M SEC.  
Address: 2819 SABER DR  
City-St-Zip: CLEARWATER, FL 33759

Title: TD (X) Change ( ) Addition  
Name: PORTER, JAMES M TREAS.  
Address: 2819 SABER DR  
City-St-Zip: CLEARWATER, FL 33759

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES M. PORTER

MR.

10/18/2009

Electronic Signature of Signing Officer or Director

Date