

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136079

Entity Name: ACROPOLIS INVESTMENTS, INC.

FILED
Jan 14, 2008
Secretary of State

Current Principal Place of Business:

5980 GRANDVIEW DRIVE
MILTON, FL 32570

New Principal Place of Business:

4475 WOODBINE ROAD
SUITE 7
PACE, FL 32571

Current Mailing Address:

5980 GRANDVIEW DRIVE
MILTON, FL 32570

New Mailing Address:

4475 WOODBINE ROAD
SUITE 7
PACE, FL 32571

FEI Number: 20-1693365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKLIN, JACK JR.
6460 JUSTICE AVENUE
MILTON, FL 32570 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, BOBBY L
Address: 5980 GRANDVIEW DRIVE
City-St-Zip: MILTON, FL 32570

Title: VP () Delete
Name: LEHNERTZ, JEFFREY B
Address: 10295 MEADE HALL
City-St-Zip: MECHANICSVILLE, VA 23116

Title: VP/T () Delete
Name: FONG, PERRY Y
Address: 1109 NW 97 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: VP () Delete
Name: RICH, CHUCK
Address: 5980 GRANDVIEW DRIVE
City-St-Zip: MILTON, FL 32570 US

Title: VP () Delete
Name: BAUYERE, MARK J
Address: 5938 RIDGE FORD DRIVE
City-St-Zip: BURKE, VA 22015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/T (X) Change () Addition
Name: FONG, PERRY Y
Address: 78 SPRING VALLEY STREET
City-St-Zip: MARS HILL, NC 28754 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BOBBY WILLIAMS

PRES

01/14/2008

Electronic Signature of Signing Officer or Director

Date