


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90020 044 ***150.00

DOCUMENT # P05000031915 1. Entity Name AKRON PROPERTIES, INC.																													
Principal Place of Business 22200 LAKE SENECA ROAD EUSTIS, FL 32736			Mailing Address 22200 LAKE SENECA ROAD EUSTIS, FL 32736																										
2. Principal Place of Business - No P.O. Box # <i>13625 Grand Island Shores Rd</i>		3. Mailing Address <i>13625 Grand Island Shores Rd</i>																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State <i>Grand Island, FL</i>		City & State <i>Grand Island, FL</i>		4. FEI Number 27-0117043																									
Zip 32735		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BLANCHARD, CLAYTON H JR. 22200 LAKE SENECA ROAD EUSTIS, FL 32736		7. Name and Address of New Registered Agent Name <i>Scott C. Lee</i> Street Address (P.O. Box Number is Not Acceptable) <i>13625 Grand Island Shores Road</i> City <i>Grand Island</i> FL Zip Code <i>32735</i>																											
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 <i>Scott C. Lee</i> / <i>Scott C. Lee</i> DATE <i>2/5/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">P, D</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">BLANCHARD, CLAYTON H JR.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">22200 LAKE SENECA ROAD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">EUSTIS, FL 32736</td> </tr> </table>			TITLE	P, D	<input checked="" type="checkbox"/> Delete	NAME	BLANCHARD, CLAYTON H JR.		STREET ADDRESS	22200 LAKE SENECA ROAD		CITY-ST-ZIP	EUSTIS, FL 32736		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">P, D, S</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"><i>Scott C. Lee</i></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><i>13625 Grand Island Shores Road</i></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"><i>Grand Island FL 32735</i></td> </tr> </table>			TITLE	P, D, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<i>Scott C. Lee</i>		STREET ADDRESS	<i>13625 Grand Island Shores Road</i>		CITY-ST-ZIP	<i>Grand Island FL 32735</i>	
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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: <i>Scott C. Lee</i> / <i>Scott C. Lee</i> DATE <i>2/5/08</i> 362-589-0975 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													