


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90240 038 \*\*\*150.00

<b>DOCUMENT # P05000053191</b>	
1. Entity Name ACKLEY ASSETS, INC.	

Principal Place of Business 6402 LINEBAUGH AVE TAMPA, FL 33625	Mailing Address 6402 LINEBAUGH AVE TAMPA, FL 33625
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2. Principal Place of Business - No P.O. Box # 1915 Rebecca Rd	3. Mailing Address 1915 Rebecca Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lutz FL	City & State Lutz FL
Zip 33548	Country Hillsborough
Zip 33548	Country Hillsborough



02152007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  SMITH, AMY E 6402 W. LINEBAUGH AVENUE SUITE #A TAMPA, FL 33625	
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7. Name and Address of New Registered Agent Name Smith, Amy E Street Address (P.O. Box Number is Not Acceptable) 1915 Rebecca Road City Lutz FL Zip Code 33548	
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: <u>Amy Smith</u> DATE: <u>3/20/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, AMY 1915 REBECCA RD LUTZ, FL 33548 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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>Amy Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>3/20/07</u> 813-843-1402 <small>Daytime Phone #</small>