

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000102112

Entity Name: ACEK PROPERTIES, INC.

FILED
Feb 26, 2008
Secretary of State

Current Principal Place of Business:

730 NORTH CENTRAL AVENUE
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

2049 SHADOW OAKS ROAD
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 20-5456865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSKOWITZ, DEBORAH L ESQ
8427 SOUTH PARK CIRCLE
SUITE 100
ORLANDO, FL 32819 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: MCWHORTER, JEANNE M
Address: 2049 SHADOW OAKS ROAD
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP () Delete
Name: MCWHORTER, PAUL W JR.
Address: 2974 BURBERRY LANE
City-St-Zip: ST. CLOUD, FL 34772 US

Title: DS () Delete
Name: FROELICH, RANDY
Address: 2049 SHADOW OAKS ROAD
City-St-Zip: KISSIMMEE, FL 33744 US

Title: D () Delete
Name: MCWHORTER, GAYLE
Address: 2974 BURBERRY LANE
City-St-Zip: ST. CLOUD, FL 34772 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PAUL W MCWHORTER JR.

VP

02/26/2008

Electronic Signature of Signing Officer or Director

Date