

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000072838

Entity Name: ACR EQUITIES, INC.

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

9745 TOUCHTON ROAD
#2425
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

9745 TOUCHTON ROAD
#2425
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 26-0683817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: D () Delete
Name: DAVIES, DOUGLAS C
Address: 3 GROSVENOR COURT
City-St-Zip: PEMBROKE, FL 17731

Title: D (X) Delete
Name: TRUSSEL, JOSHUA
Address: 9745 TOUCHTON ROAD
City-St-Zip: JACKSONVILLE, FL 32246 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DAVIES, DOUGLAS C
Address: 2118 NW 28TH AVENUE
City-St-Zip: GAINESVILLE, FL 32605

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: DOUGLAS C DAVIES

D

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date