

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000031644

Entity Name: ACA REALTY, INC.

FILED  
Jan 05, 2009  
Secretary of State

## Current Principal Place of Business:

2 DONDANVILLE ROAD  
ST. AUGUSTINE, FL 32080

## New Principal Place of Business:

## Current Mailing Address:

2 DONDANVILLE ROAD  
ST. AUGUSTINE, FL 32080

## New Mailing Address:

FEI Number: 59-3182238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THEIS, EILEEN L  
3766 PLANTERS CREEK CIRCLE WEST  
JACKSONVILLE, FL 32224 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: THEIS, EILEEN L  
Address: 3766 PLANTERS CREEK CIRCLE W  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP ( ) Delete  
Name: GOODWIN, ROBERT  
Address: 2 DONDANVILLE RD 710  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S ( ) Delete  
Name: PETERS, ANN  
Address: 307 MARSH POINT  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T ( ) Delete  
Name: LAWHORN, ROBIN  
Address: 2 DONDANVILLE ROAD, #301  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D (X) Delete  
Name: PACETTI, ALLEN  
Address: 5640 SR-16  
City-St-Zip: ST. AUGUSTINE, FL 32092

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: PETERS, ANN  
Address: 307 MARSH POINT CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T (X) Change ( ) Addition  
Name: LAWHORN, ROBIN  
Address: 2 DONDANVILLE ROAD #301  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D (X) Change ( ) Addition  
Name: PACETTI, ALLEN  
Address: 5640 SR-16  
City-St-Zip: ST AUGUSTINE, FL 32092

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: JAMES GILLIAM

M

01/05/2009

Electronic Signature of Signing Officer or Director

Date