

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000080088

1. Entity Name
ACFF MANAGEMENT SYSTEMS, INC.



Principal Place of Business
**6962 VERDE WAY
NAPLES, FL 34108**

Mailing Address
**P.O. BOX 27
2214 US 41 N.
HENDERSON, KY 42419 00**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0539390	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ANDERSON, JACK B
6962 VERDE WAY
NAPLES, FL 34108**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANDERSON, JACK B
STREET ADDRESS	6962 VERDE WAY
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	VP
NAME	CULVER, GLENN A
STREET ADDRESS	1026 DOLPHIN DR
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	ST
NAME	RAY, FRANCIS C
STREET ADDRESS	P. O. BOX 27
CITY-ST-ZIP	HENDERSON, KY 42420
TITLE	VP
NAME	FRITSCHLE, RICKE A
STREET ADDRESS	7409 E OLIVE ST
CITY-ST-ZIP	EVANSVILLE, IN 47715
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/08-80040-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-08 270-826-9451
Date Daytime Phone #