2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # S43542

1. Entity Name
ACKURITLABS, INC.

Principal Place of Business	Mailing Address
3345 N. MONROE ST. SUITE B TALLAHASSEE, FL 32303	3345 N. MONROE ST. SUITE B TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

01202006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3058433
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ACKER, TODD J.
3345 N. MONROE ST.
SUITE B
TALLAHASSEE, FL 32303

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000400848
02/02/06-80020-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ACKER, MARY ANN
STREET ADDRESS	2265 MINNEOLA ROAD
CITY-ST-ZIP	CLEARWATER, FL
TITLE	DPTS
NAME	ACKER, TODD J.
STREET ADDRESS	162 FISHER CREEK DR
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	V
NAME	HOLM, STEPHEN
STREET ADDRESS	2322 MCWEST ST
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	ACKER, JAMES R
STREET ADDRESS	2265 MINNEOLA RD
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	D
NAME	ACKER, KATHI
STREET ADDRESS	162 FISHER CREEK DRIVE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 1-23-06 850-562-7751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #