

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

**DOCUMENT # S43542**

1. Entity Name  
**ACKURITLABS, INC.**



Principal Place of Business

**3345 N. MONROE ST.  
SUITE B  
TALLAHASSEE, FL 32303**

Mailing Address

**3345 N. MONROE ST.  
SUITE B  
TALLAHASSEE, FL 32303**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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

Signature, typed or printed name of registered agent and title if applicable

(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	D
NAME	ACKER, MARY ANN
STREET ADDRESS	8750 NW HWY 225A
CITY-ST-ZIP	OCALA, FL 34482
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	8750 NW HWY 225A
CITY-ST-ZIP	OCALA, FL 34482
TITLE	D
NAME	ACKER, KATHI
STREET ADDRESS	162 FISHER CREEK DRIVE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000775543  
01/08/08-80034-025 150.00

**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

Date

Daytime Phone #

*Todd J. Acker* 1-7-08 850-562-7751