

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V36176

Entity Name: ACKLEY HOMES, INC.

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

2637 GALLIANO CR.
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

18 HAWK RIDGE BLVD.
#140
LAKE SAINT LOUIS, MO 63367

New Mailing Address:

1618 GETTYSBURG LANDING
ST. CHARLES, MO 63303

FEI Number: 59-3147577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAMAN, MARVIN PA
605 NORTH WYMORE RD.
WINTER PARK, FL 32789 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: PD () Delete
Name: ACKLEY, OLLIE S
Address: 2637 GALLIANO CR.
City-St-Zip: WINTER PARK, FL 32792

Title: VD () Delete
Name: ACKLEY, DIANE L
Address: 2637 GALLIANO CR.
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: OLLIE SAM ACKLEY

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date