


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 08:00 AM
Secretary of State

DOCUMENT # H81318
 1. Entity Name
 ACORN SYSTEMS, INC.



Principal Place of Business Mailing Address
 155 LAMERAUX RD 155 LAMERAUX RD
 WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884

DO NOT WRITE IN THIS SPACE



05192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2599780	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SIMONDS, RANDY
 155 LAMERAUX ROAD
 WINTER HAVEN, FL 33884

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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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSV SIMONDS, RANDY 155 LAMERAUX RD WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SIMONDS, RANDY 155 LAMERAUX RD SE WINTER HAVEN, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Randy Simonds* 5-19-04 813-326-1774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #