

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # K24237 1. Entity Name ACORN VENTURES, INC.	
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Principal Place of Business 2022 HENDRICKS AVENUE JACKSONVILLE FL 32207 US	Mailing Address 2022 HENDRICKS AVENUE JACKSONVILL FL 32207 US
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MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State Zip Country	City & State Zip Country
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4. FEI Number 59-2892617	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SALEN, SHERRIE W 2022 HENDRICKS AVENUE JACKSONVILLE FL 32207	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	CPD MASON, RAYMOND K <input type="checkbox"/> Delete STREET ADDRESS 2022 HENDRICKS AVENUE CITY - ST - ZIP JACKSONVILLE FL 32207
TITLE	TV MOODY, MARCY M <input type="checkbox"/> Delete STREET ADDRESS 3664 RICHMOND STREET CITY - ST - ZIP JACKSONVILLE FL 32207
TITLE	SV STEUERT, VARINA M <input type="checkbox"/> Delete STREET ADDRESS 25 OLD FARM ROAD CITY - ST - ZIP DARIEN CT 06820
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	U000000044973 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/11/04-80043-017 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Raymond K. Mason</u> RAYMOND K. MASON	Date: <u>02-05-04</u>	Daytime Phone #: <u>904-396-8166</u>
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