

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K24237

FILED
Jan 08, 2008
Secretary of State

Entity Name: ACORN VENTURES, INC.

Current Principal Place of Business:

2022 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

2022 HENDRICKS AVENUE
JACKSONVILL, FL 32207 US

New Mailing Address:

FEI Number: 59-2892617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKBURN & COMPANY, L.C.
5150 BELFORT RD SOUTH
BLDG 500
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

MASON IV, WILLIAM M
2022 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 US

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: W M MASON IV

01/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: MASON, RAYMOND K
Address: 2022 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: TV () Delete
Name: MOODY, MARCY M
Address: 3664 RICHMOND STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: SV () Delete
Name: STEUERT, VARINA M
Address: 25 OLD FARM ROAD
City-St-Zip: DARIEN, CT 06820

Title: AS () Delete
Name: SALEN, SHERRIE
Address: 2022 HENDRICKS AVE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: RAYMOND K. MASON

CPD

01/08/2008

Electronic Signature of Signing Officer or Director

Date