


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000139189 1. Entity Name THE ACACIA BOOK COMPANY		
Principal Place of Business MOUNTIAN LAKE 2300 NORTH SCENIC HWY LAKE WALES, FL 33898	Mailing Address MOUNTIAN LAKE 2300 NORTH SCENIC HWY LAKE WALES, FL 33898	

FILED
Aug 27, 2008 08:00 AM
Secretary of State



08182008 No Chg-P CR2E034 (11/05)

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4. FEI Number 13-3452201	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

**DE LA FUENTE, BOB
 TEW CARDENAS LLP
 1441 BRICKELL AVE, 15TH FLOOR
 MIAMI, FL 33131**

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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: _____ 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 12, 2008

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	P
NAME	O'BOYLE, MARIA LIWAYAY G
STREET ADDRESS	2300 N SCENIC HWY
CITY-ST-ZIP	LAKE WALES, FL 33898
TITLE	S
NAME	O'BOYLE, WILLIAM G
STREET ADDRESS	2300 N SCENIC HWY
CITY-ST-ZIP	LAKE WALES, FL 33898
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 08/27/08-80005-023 150.00

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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: *William G O'Boyle* Aug 20, 2008 347-886-2141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #