


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000009839

1. Entity Name
ACORN WOODWORKS, INC.



Principal Place of Business
**5073 SAVARESE CIR
 TAMPA, FL 33634**

Mailing Address
**5073 SAVARESE CIR
 TAMPA, FL 33634**

DO NOT WRITE IN THIS SPACE



02222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3295811	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

**KEITH, GREGGORY S
 5073 SAVARESE CIR
 TAMPA, FL 33634**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

000000063454
 03/01/04-80013-002 150.00

10. OFFICERS AND DIRECTORS

TITLE P	NAME KEITH, GREGGORY	STREET ADDRESS 308 LIVE OAK AVE	CITY ST ZIP TEMPLE TERRACE, FL 33617
TITLE VP	NAME KEITH, AMOS	STREET ADDRESS 1312 N RIVERHILLS DR	CITY ST ZIP TEMPLE TERRACE, FL 33617
TITLE ST	NAME KEITH, CARMEN ELISA	STREET ADDRESS 308 LIVE OAK AVE	CITY ST ZIP TEMPLE TERRACE, FL 33617
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Greggory Keith **GREGGORY S. KEITH** 2-23-04 (813) 806-1645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #