

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 210164

Entity Name: MONET ACRES, INC.

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

602 MONET ACRES
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

671 MONET ACRES STREET
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 59-0867322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROGERS, VIVIAN L
671 MONET ACRES STREET
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KETTELLE, JOHN
Address: 683 MONET ACRES
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T () Delete
Name: ROGERS, VIVIAN
Address: 671 MONET ACRES STREET
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: S () Delete
Name: SHUPE, SHIRLEY
Address: 638 MONET ACRES ST
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D (X) Delete
Name: BEAGLE, JACK
Address: 620 MONET ACRES
City-St-Zip: PBG, FL 33410

Title: D () Delete
Name: CARTER, JOAN
Address: 605 MONET ACRES ST.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP () Delete
Name: CROMWELL, RICHARD
Address: 620 MONET ACRES STREET
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

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: VIVIAN L. ROGERS

TREA

01/13/2009

Electronic Signature of Signing Officer or Director

Date