

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # 477955

1. Entity Name
ACRES OF DIAMONDS OF FLORIDA, INC.



Principal Place of Business
**4127 NW 27TH LN.
STE A
GAINESVILLE, FL 32606**

Mailing Address
**PO BOX 357845
GAINESVILLE, FL 32635**

DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1603827

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEE, DENNIS G.
4127 NW 27TH LN., SUITE A
GAINESVILLE, FL 32606**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	LEE, DENNIS G
STREET ADDRESS	4127 NW 27TH LN., SUITE A
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	ASV
NAME	LEE, CARIDAD
STREET ADDRESS	4127 NW 27TH LN., SUITE A
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	AS
NAME	DAVIES, LISA
STREET ADDRESS	4127 NW 27TH LN., SUITE A
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/08-80089-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis G. Lee

Date

1/21/8

Daytime Phone #

352-334-1976