2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

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Feb 12, 2004 8:00 am **Secretary of State DOCUMENT # 482469** 1. Entity Name 02-12-2004 90007 025 ***150.00 ACRES OF AMERICA, INC. Principal Place of Business Mailing Address 412 NE 16TH AVE STE 130 412 NE 16TH AVE STE 130 P.O. BOX 1776 P.O. BOX 1776 MNESVILLE, FL 32602 GAINESVILLE, FL 32602 2: Principal Place of Business 3. Mailing Address POBO Suite, Apt. #, etc. 01232004 CR2E034 (10/03) Applied For 4. FEI Number Not Applicable 59-1708319 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEE, DENNIS G. Street Address (P.O. Box Number is Not Acceptable) 412 N.E. 16TH AVE. GAINESVILLE, FL 32601 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 (NOTF: Registered Arr 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSD** ☐ Defete TITLE XI Change Addition NAME LEE, DENNIS G NAME STREET ADDRESS 412 NE 16TH AVE. STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL CITY-ST-ZIP ASV Change 🔲 Addition TITLE Delete TITLE LEE, CARIDAD NAME NAME STREET ADDRESS 412 NE 16TH AVENUE STREET ADDRESS GAINESVILLE, FL CITY-ST-ZIP CITY-ST-7IP AS X Change □ Addition TITLE Delete TITLE DAVIES, LISA NAME NAME 412 N.E. 16TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL CITY-ST-7IP ☐ Addition Delete Change : TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change Addition Delete TITLE TITLE NAMÉ E SERVICE TO THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED