


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90116 001 \*\*\*150.00

<b>DOCUMENT # 562699</b>			
1. Entity Name <b>HI-ACRES, INC.</b>			
Principal Place of Business P.O. BOX 547853 ORLANDO FL 32854-7853		Mailing Address P.O. BOX 547853 ORLANDO FL 32854-7853	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1803343</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BRADSHAW, C.E., JR</b> <b>22051 N. O'BRIEN RD.</b> <b>HOWEY IN THE HILLS FL 34737</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code
<input checked="" type="checkbox"/> 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)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADSHAW, C E JR</b>	NAME	
STREET ADDRESS	<b>22051 N. O'BRIEN RD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOWEY IN THE HILLS FL 34737</b>	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADSHAW, C E III</b>	NAME	
STREET ADDRESS	<b>P.O. BOX 65 N/A</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOWEY-IN-THE-HILLS FL 34737</b>	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUGGS, JEAN S</b>	NAME	
STREET ADDRESS	<b>26603 W. COVE DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAVARES FL</b>	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIGHTOWER, L CLEVELAND</b>	NAME	
STREET ADDRESS	<b>1814 GERDA TERRACE,</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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.			
SIGNATURE: _____		Date: <b>4/28/03</b>	
Signature and typed or printed name of signing officer or director <b>Jean S. Suggs, Treas.</b>		Daytime Phone # <b>(352) 429-4145</b>	

CR2E034 (10/02)