## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 07, 2004 08:00 AM Secretary of State **DOCUMENT #671306** 1. Entity Name ACROVEST CORPORATION Principal Place of Business Mailing Address 7139 CRYSTAL LAKE DR 7139 CRYSTAL LAKE DR WEST PALM BCH, FL 33411 IIS WEST PALM BCH, FL 33411 115 04042004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 59-2015817 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIMPSON, JACK B DO NOT WRITE 7139 CRYSTAL LAKE DR WEST PALM BCH, FL 33411 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 epplicable. (NOTE, Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SIMPSON, JACK B. NAME STREET ADDRESS 7139 CRYSTAL LAKE DR CITY-ST-ZIP WEST PALM BCH, FL SIMPSON, WINONA C NAME STREET ADDRESS 7139 CRYSTAL LAKE DR CATY - ST- ZAP WEST PALM BCH, FL TITLE STREET ADDRESS DO NOT WRITE City-st-zip TITLE IN THIS SPACE NAME STREET ADDRESS CHTY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP 33717

12. I hereby certify that the information supplied with this filling does not quality 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 at other like empowered.

PORRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

SIGNATURE:

NAME STREET ADDRESS CITY-ST-719