FILED
Mar 24, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 671306

1. Entity Name
ACROVEST CORPORATION

Principal Place of Business	Mailing Address
7139 CRYSTAL LAKE DR WEST PALM BCH, FL 33411 US	7139 CRYSTAL LAKE DR WEST PALM BCH, FL 33411 US

DO NOT WRITE IN THIS SPACE

03202006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2015817

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIMPSON, JACK B
7139 CRYSTAL LAKE DR
WEST PALM BCH, FL 33411

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000479873
04/10/06-80021-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SIMPSON, JACK B.
STREET ADDRESS	7139 CRYSTAL LAKE DR
CITY-ST-ZIP	WEST PALM BCH, FL
TITLE	VS
NAME	SIMPSON, WINONA C
STREET ADDRESS	7139 CRYSTAL LAKE DR
CITY-ST-ZIP	WEST PALM BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____, President 3-20-06 561-687-3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JACK B. SIMPSON