

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2004 08:00 AM
Secretary of State

REC'D MAR 04 2004

DOCUMENT # H86924					
1. Entity Name ACORN GROUP, INC. OF FLORIDA					
Principal Place of Business 1 N PENNSYLVANIA ST #300 INDIANAPOLIS IN 46204 US			Mailing Address P.O. BOX 441370 INDIANAPOLIS IN 46244-1370 US		
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 58-1658305	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYERS, DAVID 2400 S RIDGEWOOD AVENUE #52 DAYTONA BEACH FL 32119				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD MEYERS, DAVID 2400 S. RIDGEWOOD AVE., #52 SOUTH DAYTONA FL 32119	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000085379 03/11/04-80045-020 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DONATO, ALBERT 1 N PENNSYLVANIA ST #300 INDIANAPOLIS IN 46204	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Meyers* **DAVID MEYERS** **3/9/04** **384-761-11**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #