


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

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| DOCUMENT # K01460 1. Entity Name LOST ACRES, INC. |  |
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| Principal Place of Business 407 PERKINS RD. LAUREL HILL, FL 32567 | Mailing Address 407 PERKINS ROAD LAUREL HILL, FL 32567 US |
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DO NOT WRITE IN THIS SPACE



04012006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number: 59-2887191 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 8. Name and Address of Current Registered Agent BOOKMAN, ALAN B. 30 S. SPRING ST PO DRAWER 1271 PENSACOLA, FL 32596 |
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IN THIS SPACE**

6. 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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000514230 04/29/06-80162-022 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD PERKINS, MARY 407 PERKINS ROAD LAUREL HILL, FL 32567 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD MOTLEY, JOANN M P.O. BOX 785 GENEVA, AL 36340 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| 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.

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|--|--|---------------------------------------|---|
| SIGNATURE: <u>MARY E. PERKINS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <u>Mary E. Perkins</u> <small>President</small> | <u>4/14/06</u> <small>Date</small> | <u>850-951-6160</u> <small>Daytime Phone #</small> |
|--|--|---------------------------------------|---|