


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

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



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2887191	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOOKMAN, ALAN B.
30 S. SPRING ST
PO DRAWER 1271
PENSACOLA, FL 32596

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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	
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04/28/07-800005-008 150.00

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: Mary Perkins, President 4/16/07 850-957-6160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #