

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # K24237

1. Entity Name

ACORN VENTURES, INC.



Principal Place of Business

2022 HENDRICKS AVENUE
JACKSONVILLE FL 32207
US

Mailing Address

2022 HENDRICKS AVENUE
JACKSONVILLE FL 32207
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2892617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

BLACKBURN & COMPANY, L.C.
5150 BELFORT RD SOUTH
BLDG 500
JACKSONVILLE FL 32256

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, 2007 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

TITLE CPD ☐ Delete
NAME MASON, RAYMOND K
STREET ADDRESS 2022 HENDRICKS AVENUE
CITY- ST- ZIP JACKSONVILLE FL 32207

TITLE TV ☐ Delete
NAME MOODY, MARCY M
STREET ADDRESS 3664 RICHMOND STREET
CITY- ST- ZIP JACKSONVILLE FL 32207

TITLE SV ☐ Delete
NAME STEUERT, VARINA M
STREET ADDRESS 25 OLD FARM ROAD
CITY- ST- ZIP DARIEN CT 06820

TITLE AS ☐ Delete
NAME SALEN, SHERRIE
STREET ADDRESS 2022 HENDRICKS AVE
CITY- ST- ZIP JACKSONVILLE FL 32207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000758546
CITY- ST- ZIP 05/24/07-80007-015 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

R. M. K. Mason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/07

Date

(904) 396-8460

Daytime Phone *