## 2005 FÖR PROFIT CORPORATION ANNUAL REPORT

## Jan 24, 2005 08:00 AM **DOCUMENT # M83670 Secretary of State** ACORN PROPERTIES, INC. Principal Place of Business Mailing Address % MARGARET GREENLEE % MARGARET GREENLEE 9030 SW 19TH AVE RD 9030 SW 19TH AVE RD OCALA, FL 34476 US OCALA, FL 34476 US 01202005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 59-2897606 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREENLEE, MARGARET DO NOT WRITE 9030 SW 19TH AVENUE RD OCALA, FL 34476 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. 1 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees <u> 1100000190410</u> OFFICERS AND DIRECTORS 10. 01/24/05-80134-002 150.00 TITLE GREENLEE, MARGARET NAME STREET ADDRESS 9030 SW 19TH AVE RD CITY-ST- 7P OCALA, FL 34476 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 of 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OF REPORTED NAME OF SIGNAGE OFFICES OF DIRECT

120/05 352

FILED

Daytimo Phone #