

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90016 039 ****70.00

DOCUMENT # N95000004562

1. Entity Name

FEISTY ACRES INC.



Principal Place of Business

4493 NE 147TH CT.
WILLISTON FL 32696
US

Mailing Address

P.O. BOX 693
WILLISTON FL 32696
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

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3355961

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, DANIEL S
18051 NW 160TH AVE
WILLISTON FL 32696

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 reappointing)

DATE

FILE NOW FEE IS \$61.25
Due By May 1, 2008

✓#

1044

\$70.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NUTE, EDNA M	
STREET ADDRESS	4493 NE 147TH COURT	
CITY-STATE-ZIP	WILLISTON FL 32696	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANDERSON, DEMITA G	
STREET ADDRESS	18051 NW 160TH AVE.	
CITY-STATE-ZIP	WILLISTON FL 32696	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAIGE, DEBBIE	
STREET ADDRESS	2396 NE 54TH PLACE	
CITY-STATE-ZIP	OCALA FL 34479	
TITLE	S	<input type="checkbox"/> Delete
NAME	DONNELLY, SHARON	
STREET ADDRESS	466A NE 140TH CT.	
CITY-STATE-ZIP	WILLISTON FL 32696	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMPSON, PAT	
STREET ADDRESS	1330 NE 125TH CT.	
CITY-STATE-ZIP	WILLISTON FL 32696	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBANO, LYDIA	
STREET ADDRESS	13545 NE 38TH AVE.	
CITY-STATE-ZIP	ANTHONY FL 32617	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cole, Arlene, E	
STREET ADDRESS	2230 NW 150th Ave.	
CITY-STATE-ZIP	Ocala, FL 34482	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donnelly, Sharon	
STREET ADDRESS	4667 NE 140th Ct.	
CITY-STATE-ZIP	Williston, FL 32696	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thompson, Pat	
STREET ADDRESS	6049 NE 87th Ave.	
CITY-STATE-ZIP	Bronson, FL 32621	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 617, 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:

Edna M Nute

Edna M Nute

4/24/08

352-528-2302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #