2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Section   Sect	DOCUMENT # P0000034982  1. Entity Name *  HAPPY ACRES, INC.				Feb 03, 2005 08:00 AM Secretary of State
MCALPIN FL 32062  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  1st MOORE CR2E034 (1st/od)  City & State  Name  And Address of Country  City  C	Principal Plac	ce of Business	Mailing Address		A STATE OF THE STA
Suffix, Ap.I. #, etc.  Suffix, Ap.I. #, etc.  1st MOORE CR2634 (1004)  City & State  City & State  City & State  City & State  Country  Zip  Country  Signed Address of Status Desired  Fee Required	19010 HWY. 129 19010 HWY. 129		· -	. 188/1884 11 88111 88111 88111 88111 88111 88111 88111 88111 1111 81111 1111 1111 1111 1111 1111 1111 1111 1	
City & State  Ci	2. Principal Place of Business - 3. Mailing Address		<del></del>		
Section   Sect			<u></u>		1st MOORE CR2E034 (10/04)
S. Name and Address of Current Registered Agent  HAND, WILBUR E SR. 19910 HWY. 129 MCALPIN FL 32062  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, at the obligations of registered agent above a present agent agent and registered agent. The purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, at the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$580.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  INIT.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INIT.	City & Stat	te	City & State		4. FEI Number 59-3637439   Applied For   Not Applicable
HAND, WILBUR E SR, 19010 HWY, 129 MCALPIN FL 32062  City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, are the obligations of registered agent.  SIGNATURE    Symmin typed or printed owned engineered agent and the 7 applicable   Office Registered Agent spraces required when wiscering)   DATC	Zip	<u> </u>		Country	5. Certificate of Status Desired S8.75 Additional Fee Required
Steet Address (P.C. Box Number is Not Acceptable)    Steet Address (P.C. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent			N1	7. Name and Address of New Registered Agent
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, as the obligations of registered agent.  SIGNATURE  Septilum typed or protect own of ingitizered experience with 67 kpp locable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  110. OFFICERS AND DIRECTORS  110. OFFICERS AND DIRECTORS  110. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  110. OFFICERS AND DIRECTORS  110. Details  HAND, WILLBUR E SR.  STREET ADDRESS  110. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  110. OFFICERS AND DIRECT	19010 HWY. 129				s (P.O. Box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, are the obligations of registered agent.  SIGNATURE  Special points agreed agent and fire 7 expitable  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAY  SIRET ADDRESS  CITY 57: 7P MALPIN FL 32062  10. Delete  10. Del				City	Zip Code
Title	the obligat SIGNATURE . F After	Signature, typed or printed name of registered agent  ILE NOW!!! FEE IS \$150.00  May 1, 2005 Fee Will Be \$550.00	end title # applicable (NOTE		9. Election Campaign Financing \$5.00 May Be
NAME   STREET ADDRESS   TOP   TO   Delete   TITLE   Del	10,	OFFICĒRS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	name Street address	HAND, WILBUR E SR. 19010 HWY. 129	☐ Delete	NAME STREET AUDRESS	
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	NAME Street Address		□ Delete	NAME	☐ Change ☐ Addition

**FILED** 

12. I hereby certify that the information supplied with this filling 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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