## AININUAL KEPUKT

## **DOCUMENT # P01000014244**

1. Entity Name ENCHANTED ACRES, INC.



FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business

710 NE HWY. 318 CITRA, FL 32113 Meiling Address

710 NE HWY. 318 CITRA, FL 32113



## DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2E034 (10/03)

 4. FEI Number
 Applied For

 12-3383754
 Not Applicable

5. Certificate of Status Desired 🔲

\$8.75 Additional

6. Name and Address of Current Registered Agent

O'CONNOR, MAUREEN 710 NE HWY. 318 CITRA, FL 32113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

## 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					DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PTVS O'CONNOR, MAUREEN 710 NE HWY. 318 CITRA, FL 32113	TORS .			•
TITLE NAME STREET AODRESS CITY-ST-ZIP	D O'CONNOR, MAUREEN 710 NE HWY. 318 CITRA, FL 32113				U00000151658 05/04/04-80056-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			

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<sup>12.</sup> I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.