2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT							
DOCUMENT # P0100061505 1. Entity Name ACORN RIDGE LENDING, INC.				FILED 05 AUG -2 PM 1:27			
				SEURLIARY OF STATE			
Principal Place of Business Mailing Address 8016 ACORN RIDGE ROAD 8016 ACORN RIDGE ROAD			17	ALLAHASSEI	E, FLORIDA		
	E, FL 32256	JACKSONVILLE, FL 32256		£ 1991-1991 215	2010) NEW JUNY BUNY ED	# 25/45 8/101 (150) 27/11 25/21 27/126+ 11 /22/	
							
DO NOT WRITE IN THIS SPACE				07222005	No Chg-P	CR2E034 (10/03)	
				59-3740214 Not Applicable			
				5. Certificate of Status Desired			
. 6. Name and Address of Current Registered Agent							
GONZALES, DAVID E 8016 ACORN RIDGE ROAD			DO NOT WRITE				
JACKSONVILLE, FL 32256				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 Signature: typed or printed name of registered agent and titls if applicable. (NOTE: Registered Agent signature required when reinstating) OATE							
The interest of the state of th							
FILE NOWIN FEE IS \$150.00 Due by September 7, 2005 9. Élection Campaign Finance Trust Fund Contribution.				5.00 May Be ided to Fees	In accordance to corporation did	with s. 607.193(2)(b), F.S., the not receive the prior notice.	
10.	OFFICERS AND D	RECTORS					
TITLE NAME	D GONZALES, DAVID E						
STREET ADDRESS CITY-ST-ZIP	8016 ACORN RIDGE ROAD JACKSONVILLE, FL 32256		300058742653 08/18/0501053024 **200.00				
TITLE	D CONTAINS MADY EDANGINE			00/ 1	0/00 .0100	13-024 **200.00	
NAME STREET ADDRESS	GONZALES, MARY FRANCINE 8016 ACORN RIDGE ROAD						
CITY-ST-ZIP	JACKSONVILLE, FL 32258		-				
NAME							
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE	
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NAME STREET ADDRESS							
CITY-ST-ZIP			ł	10	c1/d		
TITLE NAME				40	210		
STREET ADDRESS CITY-ST-ZIP			}	\mathcal{U}			
TITLE		· · · · · · · · · · · · · · · · · · ·	1	•		ł	
NAME STREET ADDRESS							
CITY-ST-ZIP	and the shape the following state of the sta	in filling days and a stiff for sk	motion stated in	Castian 140 07/01	G) Clorida Ctatut-	I further partify that the information	
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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 STONE CONTROLES 1.29.05 GOYZG 69622							