2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000007192

1. Entity Name
HIDDEN ACRES MANAGEMENT, INC.

Principal Place of Business	Mailing Address
10715 SHANKHULL RD. SEBRING, FL 33875	P.O. BOX 723 SEBRING, FL 33871

DO NOT WRITE IN THIS SPACE

01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3598216

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCOLLUM & RINALDO, P.L.
129 SOUTH COMMERCE AVENUE
SEBRING, FL 33870

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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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000788696
01/18/08-80051-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FISHER, WESLEY C
STREET ADDRESS	916 LAKE JOSEPHINE DRIVE
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	D
NAME	DUBOSE, JAMES E
STREET ADDRESS	P.O. BOX 1652
CITY-ST-ZIP	SEBRING, FL 33871
TITLE	D
NAME	COWAN, APRIL M
STREET ADDRESS	2100 DOG LEG DR.
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: April McCowan April McCowan S/T 1-16-08 863 385 1325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #