

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079189

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: ACREAGE UNLIMITED ASSOCIATION, INC.

## Current Principal Place of Business:

206 NORTH 6TH AVENUE  
WAUCHULA, FL 33873

## New Principal Place of Business:

10200 AVON PARK CUT-OFF ROAD  
FORT MEADE, FL 33841

## Current Mailing Address:

POST OFFICE BOX 2325  
WAUCHULA, FL 33873

## New Mailing Address:

POST OFFICE BOX 168  
LAKE WALES, FL 33859

FEI Number: 52-2367665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SEE, JAMES V JR  
206 NORTH 6TH AVENUE  
WAUCHULA, FL 33873 US

## Name and Address of New Registered Agent:

SIMMONS, DAVID B  
POST OFFICE BOX 168  
LAKE WALES, FL 33859 US

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.

SIGNATURE: DAVID B. SIMMONS

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VSD ( ) Delete  
Name: SEE, JAMES V JR  
Address: 206 N. 6TH AVE, PO BOX 2325  
City-St-Zip: WAUCHULA, FL 33873

Title: PD (X) Delete  
Name: SIMMONS, DAVID B  
Address: 325 E. JOHNSON AVENUE  
City-St-Zip: LAKE WALES, FL 33853

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SIMMONS, DAVID B  
Address: 10200 AVON PARK CUT-OFF ROAD  
City-St-Zip: FORT MEADE, FL 33841

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID B. SIMMONS

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date