


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90042 013 ***150.00

DOCUMENT # P02000102944	
1. Entity Name ACORN CAPITAL ADVISORS, INC.	

Principal Place of Business 1396 DUNLAWTON AVE SUITE E PORT ORANGE FL 32129	Mailing Address 1396 DUNLAWTON AVE SUITE E PORT ORANGE FL 32129
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2. Principal Place of Business 900 N Swallowtail Dr Suite, Apt. #, etc. 1040 City & State Port Orange FL Zip 32129 Country Volusia	3. Mailing Address 900 N Swallowtail Dr Suite, Apt. #, etc. 1040 City & State Port Orange FL Zip 32129 Country Volusia
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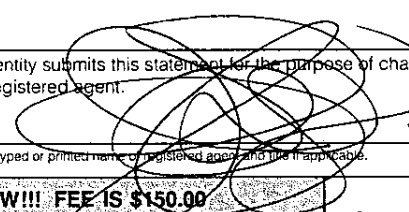


MOORE CR2E034 (11/03)

4. FEI Number 52-2374862	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FERGUSON, JENNIFER M 1396 DUNLAWTON AVE SUITE E PORT ORANGE FL 32129	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  Jennifer M Ferguson DATE 2/6/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when requesting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERGUSON, JENNIFER M 817 CRAIG STREET NEW SMYRNA BEACH FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VICKARYOUS, JAMES G 817 CRAIG STREET NEW SMYRNA BEACH FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:  Jennifer M Ferguson DATE 2/6/04 3867905076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR