


**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 Mailing Address  
 1396 DUNLAWTON AVE SUITE E 1396 DUNLAWTON AVE SUITE E  
 PORT ORANGE FL 32129 PORT ORANGE FL 32129

2. Principal Place of Business 3. Mailing Address  
**900 N Swallowtail Dr 900 No Swallowtail Dr**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**1040 1040**

City & State City & State  
**Port Orange FL Port Orange FL**  
 Zip Country Zip Country  
**32129 Volusia 32129 Volusia**



MOORE CR2E034 (11/03)

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

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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FERGUSON, JENNIFER M	
STREET ADDRESS	817 CRAIG STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VICKARYOUS, JAMES G	
STREET ADDRESS	817 CRAIG STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** DAYTIME PHONE #: **3867905676**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR