

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90083 027 ***158.75

DOCUMENT # P02000122189

1. Entity Name

ACADIA CORP.



Principal Place of Business

249 ROYAL PALM WAY
STE 301
PALM BEACH FL 33480

Mailing Address

P.O. BOX 3347
PALM BEACH FL 33480

34001374



MOORE

CR2E034 (11/03)

2. Principal Place of Business

249 Royal Palm Way

3. Mailing Address

PO Box 3347

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

City & State

Palm Beach FL

City & State

Palm Beach FL

4. FEI Number

04-3726068

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

Zip

33480

Country

Palm Beach

Zip

33480

Country

Palm Beach

6. Name and Address of Current Registered Agent

BRIGHT, J. REEVE
135 S.E. FIFTH AVENUE
SUITE 200
DELRAY BEACH FL 33483

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-04

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 P
NAME HARRIS, LAMONT
STREET ADDRESS 112 VIA PALMA
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-04