

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000127401</b>	
1. Entity Name <b>ACREAGE FLORIST INC</b>	
Principal Place of Business <b>14595 SOUTHERN BLVD LOXAHATCHEE, FL 33470</b>	Mailing Address <b>14595 SOUTHERN BLVD LOXAHATCHEE, FL 33470</b>



03252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>14-1858944</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FANARO, JENNIFER  
14595 SOUTHERN BLVD  
LOXAHATCHEE, FL 33470**

**DO NOT WRITE  
IN THIS SPACE**

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 Infatolino*

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**

**U000000878854  
04/14/08-80072-015 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	INFATOLINO, JENNIFER
STREET ADDRESS	14595 SOUTHERN BLVD
CITY-ST-ZIP	LOXAHATCHEE, FL 33470

TITLE	V
NAME	FANARO, DAVID
STREET ADDRESS	14595 SOUTHERN BLVD
CITY-ST-ZIP	LOXAHATCHEE, FL 33470

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Jennifer Infatolino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #