

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000029085

Entity Name: ACORN GLASS, INC.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

924 ROBERTS ROAD  
UNIT 60  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

924 ROBERTS ROAD  
UNIT 60  
HAINES CITY, FL 33844

**New Mailing Address:**

FEI Number: 30-0156548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HORSFIELD, ANTONY P  
423 W. VINE STREET  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: HORSFIELD, ANTONY P  
Address: 423 WEST VINE ST  
City-St-Zip: KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

SIGNATURE: ANTONY HORSFIELD

MR

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date