2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004
Secretary of State

DOCUMENT# P03000046396

Entity Name: ACREAGE BUILDERS, INC.

Current Principal Place of Business:

13875 TANGERINE BLVD
W PALM BCH, FL 33412

New Principal Place of Business:

13875 TANGERINE BLVD
WEST PALM BEACH, FL 33412

Current Mailing Address:

13875 TANGERINE BLVD
W PALM BCH, FL 33412

New Mailing Address:

13875 TANGERINE BLVD
WEST PALM BEACH, FL 33412

FEI Number: 20-0008019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4TH FL
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

COMBS, DEBBIE
13875 TANGERINE BLVD
WEST PALM BEACH, FL 33412 US

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: DEBBIE COMBS 03/23/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: COMBS, DEBBIE
Address: 13875 TANGERINE BLVD
City-St-Zip: W PALM BCH, FL 33412

Title: V ( ) Delete
Name: COMBS, DAVID
Address: 13875 TANGERINE BLVD
City-St-Zip: W PALM BCH, FL 33412

Title: T ( ) Delete
Name: COMBS, LORI
Address: 13875 TANGERINE BLVD
City-St-Zip: W PALM BCH, FL 33412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DEBBIE COMBS PSD 03/23/2004
Electronic Signature of Signing Officer or Director Date