

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000082845

1. Entity Name
E.-Z. ACRES, INC.



Principal Place of Business
16233 PERU RD
UMATILLA, FL 32784-8142

Mailing Address
16233 PERU RD
UMATILLA, FL 32784-8142



02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0369823

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CYRUS, ROBERT R
214-A N THIRD ST
LEESBURG, FL 34748

**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: _____
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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPM
NAME FAIRCLOTH, LINDA Z
STREET ADDRESS 16233 PERU RD
CITY-ST-ZIP UMATILLA, FL 327848142

TITLE DVC
NAME FAIRCLOTH, GERALD
STREET ADDRESS 16233 PERU RD
CITY-ST-ZIP UMATILLA, FL 327848142

TITLE DS
NAME PILALLIS, CAROL Z
STREET ADDRESS 150 WOODRIDGE TRAIL
CITY-ST-ZIP SANFORD, FL 32771

TITLE DT
NAME PILALLIS, GREGORY
STREET ADDRESS 150 WOODRIDGE TRAIL
CITY-ST-ZIP SANFORD, FL 32771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000245978
02/28/05-80046-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Linda Z. Faircloth Pres. Linda Z. Faircloth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05 352-669-2801
Date Daytime Phone #