

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
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 |



02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|-------------------------------|
| 4. FEI Number 20-0369823 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000861866 04/03/08-80025-010 150.00 |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPM FAIRCLOTH, LINDA Z 16233 PERU RD UMATILLA, FL 327848142 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVC FAIRCLOTH, GERALD 16233 PERU RD UMATILLA, FL 327848142 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS PILALLIS, CAROL Z 150 WOODRIDGE TRAIL SANFORD, FL 32771 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT PILALLIS, GREGORY 150 WOODRIDGE TRAIL SANFORD, FL 32771 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS 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: Linda Z. Faircloth Linda Z. Faircloth (President) 3/14/08 352-669-2801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #