


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90189 028 ***158.75

DOCUMENT # P05000098888
 1. Entity Name
ACORN WOODS, INC.



Principal Place of Business
**2521 DOBBS RD UNIT 5
 ST AUGUSTINE, FL 32086**

Mailing Address
**2333-A S CENTRAL AVE
 FLAGLER BEACH, FL 32136**

DO NOT WRITE IN THIS SPACE



02282007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0746704	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**ZINKOWSKI, NICHOLAS G
 2333-A SOUTH CENTRAL AVE
 FLAGLER BCH, FL 32136**

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: *Nicholas G Zinkowski* DATE: 4/18/2007
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZINKOWSKI, NICHOLAS G 2333-A SOUTH CENTRAL AVE FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ZINKOWSKI, NANCY L 2333-A SOUTH CENTRAL AVE FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *Nicholas G Zinkowski* DATE: 4/18/2007 DAYTIME PHONE #: 386 569 3153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR