2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P06000003526

1. Entity Name

OAKWOOD'S ACORN REALTY, INC.



01042008

4 FEI Number

FILED Jan 16, 2008 08:00 AN Secretary of State

Principal Place of Business

3330 FRUITVILLE ROAD SARASOTA, FL 34237 Mailing Address

3330 FRUITVILLE ROAD SARASOTA, FL 34237



CR2E034 (11/05)

Applied For

No Chg-P

			20-44	39777	Not Applicable
			5. Certificat	e of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Regis	tered Agent		· · · · · · · · · · · · · · · · · · ·	
MANN, GRAYDON M 3330 FRUITVILLE ROAD SARASOTA, FL 34237			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	f applicable. (NOTE: Registered	Agent argneture required when remasting)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	s5.00 May Be Added to Fees	U00000 01/17/08)785878 -80018-022 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MANN, GRAYDON M 101 OAKWOOD BLVD SARASOTA, FL 34237			•	
TITLE NAME STREET ADORESS CITY-ST-ZIP	VP MANN, GRAYDON 101 OAKWOOD BLVD SARASOTA, FL 34237				
TITLE NAME STREET ADDRESS CITY-SI-ZIP			DO	NOT WR	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- "	IŃ	THIS SPA	CE

12. I hereby certify that the information supplied with this filling 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach research with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTO

1-14-08

94-953-9682

Daytme Phone #