

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000040498

FILED
Mar 04, 2007
Secretary of State

Entity Name: ACREAGE BUSINESS SERVICES, INCORPORATED

Current Principal Place of Business:

16967 MURCOTT BOULEVARD
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

16967 MURCOTT BOULEVARD
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0754713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DWYER, KIMBERLEE
16967 MURCOTT BOULEVARD
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: F () Delete
Name: DWYER, KIMBERLEE
Address: 16967 MURCOTT BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VPS () Delete
Name: DWYER, JOSEPH
Address: 16967 MURCOTT BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: KIMBERLEE DWYER

PRES

03/04/2007

Electronic Signature of Signing Officer or Director

Date