

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000092363

FILED
Mar 20, 2007
Secretary of State

Entity Name: ACORN DEVELOPMENT OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

10411 ALTA DRIVE, STE. 500
JACKSONVILLE, FL 32226

New Principal Place of Business:

10411 ALTA DRIVE
JACKSONVILLE, FL 322262301 US

Current Mailing Address:

10411 ALTA DRIVE, STE. 500
JACKSONVILLE, FL 32226

New Mailing Address:

10411 ALTA DRIVE
JACKSONVILLE, FL 32226 US

FEI Number: 59-3630120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERSONS, ROBERT B JR.
2215 S. THIRD STREET, STE. 101
JACKSONVILLE BEACH, FL 32250 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: PD () Delete
Name: DIXON, CHARLES E JR.
Address: 10411 ALTA DRIVE, STE. 500
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DIXON, CHARLES E JR.
Address: 10411 ALTA DRIVE, STE. 500
City-St-Zip: JACKSONVILLE, FL 322262301 US

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: E. ANNE THORNTON

ASST

03/20/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date