

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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01142005 No Chg-P CR2E034 (10/03)

DOCUMENT # 259688
 1. Entity Name
PALMS & PINES INC



Principal Place of Business Mailing Address
 5400 RIVERSIDE DR. 1725 MINK DR
 PUNTA GORDA, FL 33982 US APOPKA, FL 32703 US

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-1284715 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MACLEOD, GORDON
 1725 MINK DR.
 APOPKA, FL 32703

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00 May Be**
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	MACLEOD, GORDON
STREET ADDRESS	1725 MINK DR.
CITY-ST-ZIP	APOPKA, FL
TITLE	S
NAME	MACLEOD, LOIS
STREET ADDRESS	1725 MINK DR
CITY-ST-ZIP	APOPKA, FL
TITLE	-VP-
NAME	LEOD, IAN MAC
STREET ADDRESS	5110 COUNTRYSIDE CT
CITY-ST-ZIP	SAINT CLOUD, FL 34771
TITLE	VP
NAME	DIBBLE, WILLIAM
STREET ADDRESS	10734 MOSS ISLAND DR
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	VP
NAME	KAKRITZ, SANDRA
STREET ADDRESS	3429 SLEEPY HOLLOW LN
CITY-ST-ZIP	PUNTA GORDA, FL 33982
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 exemption stated in Section 119.07(3)(i), 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: Gordon MacLeod Gordon MacLeod 3-4-5 407 889 9553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #