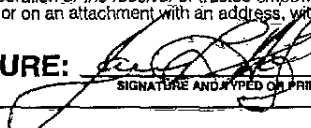


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000037942 1. Entity Name HIDDEN PINES A.L.F., INC.		
Principal Place of Business 16242 E SYCAMORE DR LOXAHATCHEE, FL 33470		Mailing Address 16242 E SYCAMORE DR LOXAHATCHEE, FL 33470
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DONELON, THOMAS 560 VILLAGE BLVD STE 335 W PALM BCH, FL 33409		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 if applicable. (NOTE: Registered Agent signature required when reissuing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DVT HICKS, JAMES L 206 WOODDALE DR WELLINGTON, FL 33470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RODRIGUEZ, MARIA E 206 WOODDALE DR WELLINGTON, FL 33470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  James L. Hicks Jr. 04/26/05 561-964-0906 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



04102005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4248825	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

000000337726
04/28/05-80008-019 150.00

**DO NOT WRITE
IN THIS SPACE**