


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000010046
 1. Entity Name
WARREN PINE STRAW, CO., INC.



Principal Place of Business: **24273 COUNTY ROAD 49 O'BRIEN, FL 32071**
 Mailing Address: **24273 COUNTY ROAD 49 O'BRIEN, FL 32071**

DO NOT WRITE IN THIS SPACE



07022004 No Chg-P CR2E034 (10/03)
 4. FEI Number: **59-3492194** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WARREN, TAMMIE C
24273 COUNTY ROAD 49
O'BRIEN, FL 32071

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WARREN, GARY C
STREET ADDRESS	24273 COUNTY ROAD 49
CITY-ST-ZIP	O'BRIEN, FL 32071
TITLE	VPST
NAME	WARREN, TAMMIE C
STREET ADDRESS	24273 COUNTY ROAD 49
CITY-ST-ZIP	O'BRIEN, FL 32071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Gary Warren Tammie C Warren Tammie C Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 7-3-04 Daytime Phone #: 386 935 2327