


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 259688		
1. Entity Name PALMS & PINES INC		
Principal Place of Business 5400 RIVERSIDE DR PUNTA GORDA, FL 33982 US	Mailing Address 1725 MINK DR APOPKA, FL 32703 US	
DO NOT WRITE IN THIS SPACE		



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1284715	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MACLEOD, GORDON 1725 MINK DR. APOPKA, FL 32703	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000019139 01/29/04-80013-022 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MACLEOD, GORDON 1725 MINK DR. APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACLEOD, LOIS 1725 MINK DR APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEOD, IAN MAC 5110 COUNTRYSIDE CT SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIBBLE, WILLIAM 10734 MOSS ISLAND DR RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAKRITZ, SANDRA 3429 SLEEPY HOLLOW LN 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 19.07(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: Gordon MacLeod Pres. **1-24-04 417 889 9553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #