


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
--	--



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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 _____ 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
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 1(9.07(3)(c), 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.* 1-24-04 407-889-553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #