

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 259688

FILED
Jan 07, 2006
Secretary of State

Entity Name: PALMS & PINES INC

Current Principal Place of Business:

5400 RIVERSIDE DR
PUNTA GORDA, FL 33982 US

New Principal Place of Business:

Current Mailing Address:

1725 MINK DR
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-1284715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACLEOD, GORDON
1725 MINK DR.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: MACLEOD, GORDON,
Address: 1725 MINK DR.
City-St-Zip: APOPKA, FL

Title: S () Delete
Name: MACLEOD, LOIS
Address: 1725 MINK DR
City-St-Zip: APOPKA, FL

Title: VP () Delete
Name: LEOD, IAN MAC
Address: 5110 COUNTRYSIDE CT
City-St-Zip: SAINT CLOUD, FL 34771

Title: VP () Delete
Name: DIBBLE, WILLIAM
Address: 10734 MOSS ISLAND DR
City-St-Zip: RIVERVIEW, FL 33569

Title: VP () Delete
Name: KAKRITZ, SANDRA
Address: 3429 SLEEPY HOLLOW LN
City-St-Zip: PUNTA GORDA, FL 33982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: MACLEOD, GORDON,
Address: 1725 MINK DR.
City-St-Zip: APOPKA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LEOD, IAN MAC
Address: 7603 PINE HOLLOW COURT
City-St-Zip: ORLANDO, FL 32822

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KAKRITZ, SANDRA
Address: 3798 SW 13 TERR
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GORDON MAC LEOD

Electronic Signature of Signing Officer or Director

PRES

01/07/2006

Date