

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 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**



01162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1284715**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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: *Gordon MacLeod*

*1-20-7*

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**  
**After May 1, 2007 Fee will be \$550.00**

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

U00000600783  
 01/26/07-80025-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	MACLEOD, GORDON
STREET ADDRESS	1725 MINK DR.
CITY-ST-ZIP	APOPKA, FL
TITLE	S
NAME	MACLEOD, LOIS
STREET ADDRESS	1725 MINK DR
CITY-ST-ZIP	APOPKA, FL
TITLE	VP
NAME	LEOD, IAN MAC
STREET ADDRESS	7603 PINE HOLLOW COURT
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	VP
NAME	DIBBLE, WILLIAM
STREET ADDRESS	10734 MOSS ISLAND DR
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	VP
NAME	KAKRITZ, SANDRA
STREET ADDRESS	3798 SW 13 TERR
CITY-ST-ZIP	OKEECHOBEE, FL 34974
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 exemptions contained 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 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* **Gordon MacLeod**

*1-20-7*

*407 889 9553*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #