


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90418 017 \*\*\*150.00

<b>DOCUMENT # J89832</b> 1. Entity Name PINE CONE CAMPGROUND, INC.					
Principal Place of Business 1812 HWY 98 #2 MEXICO BEACH, FL 32410 US			Mailing Address PO BOX 1495 LYNN HAVEN, FL 32444 US		
2. Principal Place of Business 8743 THOMAS DR Suite, Apt. #, etc. 1115		3. Mailing Address Suite, Apt. #, etc.			
City & State PANAMA CITY BEACH FL		City & State		4. FEI Number 65-0003524	
Zip 32408		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  TASSONE, JOYCE 1812 HWY 98 #2 MEXICO BEACH, FL 32410				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 8743 THOMAS DR #1115 City PANAMA CITY BEACH FL Zip Code 32408	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBBINS, CHARLES T. 1812 HWY 98 #2 MEXICO BEACH, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TASSONE, JOYCE 1812 HWY 98 #2 MEXICO BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TASSONE, JOYCE 8743 THOMAS DR #1115 PANAMA CITY BEACH FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THERESA POWELL 282 NEW SALEM RD GRIFFIN GA 30223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Joyce Tassone</u> JOYCE TASSONE		Date: <u>4/26/06</u>		Daytime Phone #: <u>864-463-4557</u>	