

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # J99921

1. Entity Name
TUMBLING PINES, INC.



Principal Place of Business
10987 HWY 11
BUNNELL, FL 32110

Mailing Address
10987 HWY 11
BUNNELL, FL 32110



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2855804

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANIELS, DOUGLAS A.
406 NORTH WILD OLIVE AVE
SUITE 820
DAYTONA BEACH, FL 32018

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HENRY, MORGAN
STREET ADDRESS	10987 HWY 11
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	STD
NAME	HENRY, LAUREL
STREET ADDRESS	10987 HWY 11
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000024107
02/02/04-80053-007 150.00

**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 119.07(3)(i), 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: *Laurel Henry* *Laurel Henry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04 386-437-2668

Date

Daytime Phone #