


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # J99921 1. Entity Name TUMBLING PINES, INC.	
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Principal Place of Business 10987 HWY 11 BUNNELL, FL 32110	Mailing Address 10987 HWY 11 BUNNELL, FL 32110
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DO NOT WRITE IN THIS SPACE

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01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2855804	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	<div style="border: 1px solid black; padding: 20px; font-size: 1.2em;"> DO NOT WRITE IN THIS SPACE </div>
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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 re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENRY, MORGAN 10987 HWY 11 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HENRY, LAUREL 10987 HWY 11 BUNNELL, FL 32110
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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 2/28/05 (386)437-2668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #