

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90777 013 ***158.75

DOCUMENT # M99285

1. Entity Name

REGENCY PINES MANAGEMENT CORPORATION



Principal Place of Business

1515 N HUNTINGTON LN
STE 611
ROCKLEDGE FL 32955
US

Mailing Address

REGENCY PINES MGMT CORP
PO BOX 2244
KOKOMO IN 46904-2244
US

11010000



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2906251**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICKERSON, TERRY
1944 QUAIL RIDGE CT 701
COCOA FL 32926

Name

Amy Dow

Street Address (P.O. Box Number is Not Acceptable)

720 Lynwood Court

City

Merritt Island

FL

Zip Code

32952

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

Amy Dow
Signature, typed or printed name of registered agent and title if applicable.

Amy Dow
(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	OWENS, MICKEY LEE	
STREET ADDRESS	P. O. BOX 2244 N/A	
CITY-ST-ZIP	KOKOMO IN	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WORTHLEY, STEWART K	
STREET ADDRESS	R.R. 1, BOX 200	
CITY-ST-ZIP	PATRICK SPGS. VA	
TITLE	S	<input type="checkbox"/> Delete
NAME	COLLINS, CHANDRA S	
STREET ADDRESS	3394 E 300 SO	
CITY-ST-ZIP	KOKOMO IN	
TITLE	D	<input type="checkbox"/> Delete
NAME	WORTHLEY, STEWART K	
STREET ADDRESS	2060 BRANCH CT	
CITY-ST-ZIP	KOKOMO IN 40902-2604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Mick L. Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mick L. Owens 4/29/04 765-453, 9604