

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90221 044 ***150.00

DOCUMENT # P02000048170

1. Entity Name
FLORIDA PINE INVESTMENTS, INC.



Principal Place of Business
**420 LAKESHORE DRIVE
MADISON, FL 32340**

Mailing Address
**420 LAKESHORE DRIVE
MADISON, FL 32340**

DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0689519

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANGFORD, E C
1715 W CLEVELAND ST
TAMPA, FL 33606**

**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 NAME STREET ADDRESS CITY - ST - ZIP	PSD DAVIS, J B JR. 420 LAKESHORE DRIVE MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, ALBERT 420 LAKESHORE DRIVE MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, J B III 420 LAKESHORE DRIVE MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAUNDERS, LYNNE 420 LAKESHORE DRIVE MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, HANK 420 LAKESHORE DRIVE MADISON, FL 32340
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04

Date

850973 2215

Daytime Phone #