

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90199 050 \*\*\*150.00

**DOCUMENT # P02000048170**

1. Entity Name  
FLORIDA PINE INVESTMENTS, INC.



Principal Place of Business  
151 S.E. Lakeshore Drive  
Madison, Florida 32340

Mailing Address  
151 S.E. Lakeshore Drive  
Madison, Florida 32340

40080623



03222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	DAVIS, J B JR.
STREET ADDRESS	151 S.E. Lakeshore Drive
CITY-ST-ZIP	Madison, Florida 32340
TITLE	D
NAME	DAVIS, J B III
STREET ADDRESS	151 S.E. Lakeshore Drive
CITY-ST-ZIP	Madison, Florida 32340
TITLE	D
NAME	SAUNDERS, LYNNE
STREET ADDRESS	151 S.E. Lakeshore Drive
CITY-ST-ZIP	Madison, Florida 32340
TITLE	D
NAME	DAVIS, HANK
STREET ADDRESS	151 S.E. Lakeshore Drive
CITY-ST-ZIP	Madison, Florida 32340
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

Date Daytime Phone #