

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P02000048170

1. Entity Name
FLORIDA PINE INVESTMENTS, INC.



Principal Place of Business
151 S.E. LAKESHORE DRIVE
MADISON, FL 32340

Mailing Address
151 S.E. LAKESHORE DRIVE
MADISON, FL 32340

DO NOT WRITE IN THIS SPACE



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0689519	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007 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	420 LAKESHORE DRIVE
CITY-ST-ZIP	MADISON, FL 32340

TITLE	D
NAME	DAVIS, J B III
STREET ADDRESS	420 LAKESHORE DRIVE
CITY-ST-ZIP	MADISON, FL 32340

TITLE	D
NAME	SAUNDERS, LYNNE
STREET ADDRESS	420 LAKESHORE DRIVE
CITY-ST-ZIP	MADISON, FL 32340

TITLE	D
NAME	DAVIS, HANK
STREET ADDRESS	420 LAKESHORE DRIVE
CITY-ST-ZIP	MADISON, FL 32340

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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05/09/07-80016-004 150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07

Date

Daytime Phone # _____