

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000029556

1. Entity Name
TIMBER PINES CENTRE GROUP, INC.



Principal Place of Business
2715 FOREST ROAD
SPRING HILL, FL 34606

Mailing Address
2715 FOREST ROAD
SPRING HILL, FL 34606



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0462709

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAMPERT, FRED
2715 FOREST ROAD
SPRING HILL, FL 34606

**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

U000000661145
03/20/07-80029-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAMPERT, FRED
STREET ADDRESS	2715 FOREST ROAD
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	D
NAME	PASTORI, BETTY
STREET ADDRESS	2715 FOREST ROAD
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	D
NAME	GRENON, ELAINE S
STREET ADDRESS	2715 FOREST ROAD
CITY-ST-ZIP	SPRING HILL, FL 34606
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: *x [Signature]*

FRED LAMPERT

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 3-7-2007