

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000031060 1. Entity Name GARDENS OF PINE RIDGE, INC.							
Principal Place of Business Mailing Address 1421 PARK LN N 1421 PARK LN N W PALM BCH FL 33417 W PALM BCH FL 33417							
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BACON, ROGER 1421 PARK LN N W PALM BCH FL 33417				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
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 is required when reissuing) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D ☐ Delete			TITLE	U000000507293 ☐ Change ☐ Add		
NAME	BACON, ROGER			NAME	04/27/06-80057-021 150.00		
STREET ADDRESS	1421 PARK LN N			STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH FL 33417			CITY-ST-ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Add		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Roger Bacon, Director* 4/8/06 561 640 6021