

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000037942

1. Entity Name
HIDDEN PINES A.L.F., INC.



Principal Place of Business
**16242 E SYCAMORE DR
LOXAHATCHEE, FL 33470**

Mailing Address
**16242 E SYCAMORE DR
LOXAHATCHEE, FL 33470**



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4248825

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DONELON, THOMAS
7711 N. MILITARY TRAIL
STE 203
WEST PALM BEACH, FL 33410**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DVT
NAME	HICKS, JAMES L
STREET ADDRESS	206 WOODDALE DR
CITY- ST- ZIP	WELLINGTON, FL 33470
TITLE	PS
NAME	RODRIGUEZ, MARIA E
STREET ADDRESS	206 WOODDALE DR
CITY- ST- ZIP	WELLINGTON, FL 33470
TITLE	O
NAME	OZUNA, ARIAS
STREET ADDRESS	16242 E SYCAMORE DR
CITY- ST- ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/22/08-80062-003-150.00

**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]

James L. Hicks JR 4/20/08 561-964-0906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #