


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90164 021 ***150.00

DOCUMENT # P03000099985 1. Entity Name REGINA ESTATES DEVELOPMENT, INC.					
Principal Place of Business 32700 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684 US			Mailing Address 32700 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684 US		
2. Principal Place of Business Suite, Apt. #, etc. Suite 100			3. Mailing Address Suite, Apt. #, etc. Suite 100		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02222006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-0239298				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 WHITE, LANGFRED W 32700 U.S. HWY 19 N PALM HARBOR, FL 34684			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 32801 US Hwy 19 N. Suite 100 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 By: Langfred W. White <small>Signatures, typed or printed name of the registered agent and, if not applicable, the registered agent signature required when renouncing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLANES, REGINA 32700 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32801 US Hwy 19 N., S-100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PLANES, WILLIAM SR. 32700 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32801 US Hwy 19 N., S-100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D PLANES, WILLIAM II 32700 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32801 US Hwy 19 N., S-100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD WHITE, LANGFRED W 32700 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32801 US Hwy 19 N., S-100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS, T NOLL, DEBORAH 32700 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: By: Langfred W. White <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Langfred W. White as its Sr. Vice President					
727-781-9885 <small>Daytime Phone #</small>					