

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000013207

1. Entity Name

FLORIDA PINE PROPERTIES OF MADISON, INC.



Principal Place of Business

420 LAKESHORE DRIVE
MADISON, FL 32340

Mailing Address

420 LAKESHORE DRIVE
MADISON, FL 32340



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number

20-0692709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COPELAND, W. THOMAS
208 S. RANGE STREET
MADISON, FL 32340

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE DP
NAME DAVIS, HENRY N
STREET ADDRESS 420 LAKESHORE DRIVE
CITY-ST-ZIP MADISON, FL 32340

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

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

TITLE DST
NAME DAVIS, MARTHA O
STREET ADDRESS 420 LAKESHORE DRIVE
CITY-ST-ZIP MADISON, FL 32340

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000235376
02/18/05-80058-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2-17-05

Date

850 973 2265

Daytime Phone #