

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90205 040 ***150.00

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**

2. Principal Place of Business - No P.O. Box #
151 SE Lakeshore Dr
Suite, Apt. #, etc.

3. Mailing Address
151 SE Lakeshore Dr
Suite, Apt. #, etc.



03282007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-0692709

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, JAMES B JR	
STREET ADDRESS	420 LAKESHORE DRIVE	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DAVIS, HENRY N	
STREET ADDRESS	420 LAKESHORE DRIVE	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SAUNDERS, LYNNE	
STREET ADDRESS	420 LAKESHORE DRIVE	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DAVIS, JAMES B III	
STREET ADDRESS	420 LAKESHORE DRIVE	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE	DST	<input type="checkbox"/> Delete
NAME	DAVIS, MARTHA O	
STREET ADDRESS	420 LAKESHORE DRIVE	
CITY-ST-ZIP	MADISON, FL 32340	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	151 SE Lakeshore Dr.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	151 SE Lakeshore Dr.	
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-07

973-2215