

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90400 042 ***150.00

DOCUMENT # P04000050500

1. Entity Name
PINE HAVEN PARTNERS, INC.



Principal Place of Business
211 N. RIDGEWOOD AVENUE
200
DAYTONA BCH, FL 32114

Mailing Address
211 N. RIDGEWOOD AVENUE
200
DAYTONA BCH, FL 32114

40000500



03202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0719082

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAXON, BERNICE S
201 E. KENNEDY BLVD., SUITE 600
TAMPA, FL 33602

**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 NAME STREET ADDRESS CITY-ST-ZIP	C FRAZIER, SONYA C 211 N. RIDGEWOOD AVE DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLY, CHRISTOPHER 211 N. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KRETZER, JOHN 211 N. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMPSON, LILLIAN D 211 N. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COURTNEY, ROBIN A 211 N. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAMBLE, JOYOURS 211 N. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114

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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: GREGORY A. HEARD Gregory A. Heard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

Date

386-253-5653

Daytime Phone #

For Joyours Gamble