

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P06000063454

1. Entity Name
GRAND PINES DEVELOPMENT, INC.



Principal Place of Business
**114 ROYAL PINE CIRCLE N
ROYAL PALM BEACH, FL 33411**

Mailing Address
**114 ROYAL PINE CIRCLE N
ROYAL PALM BEACH, FL 33411**



03182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0457944	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

**HEMAN, MICHAEL
114 ROYAL PINE CIRCLE N
ROYAL PALM BEACH, FL 33411**

**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**

U000000866426
04/08/08-80026-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HEMAN, MICHAEL
STREET ADDRESS	114 ROYAL PINE CIRCLE N
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411

TITLE	DVP
NAME	RAMSUBICK, LLOYD
STREET ADDRESS	1600 PARK MANOR DR
CITY-ST-ZIP	ORLANDO, FL 32825

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08

Date

561-795-9392

Daytime Phone #