


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000054868 Entity Name SOUTHERN PINESTRAW, INC.	
----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 119 NW CR 290 MAYO, FL 32066	Mailing Address ROUTE 1, BOX 449-2 MAYO, FL 32066
------------------------------------------------------------------------	-----------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



05032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3330723	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 KEEN, CLINTON ROUTE 1, BOX 449-2 MAYO, FL 32066

**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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
-----------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KEEN, CLINTON 119 NW CR 290 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEEN, KATHY 119 NW CR 290 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000561626
05/19/06-80020-011 150.00

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------	-----------------------