


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90106 046 ***150.00

DOCUMENT # P95000095653	
1. Entity Name NORTH FLORIDA PECAN I & II, INC.	

Principal Place of Business 3808 MAGNOLIA POINT LN ST. AUGUSTINE, FL 32086	Mailing Address 3808 MAGNOLIA POINT LN PMB 211 ST. AUGUSTINE, FL 32086
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 3808 Magnolia Pt. Ln Suite, Apt. #, etc.
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City & State St. Augustine, Fl.	City & State St. Augustine, Fl.
Zip 32086	Zip 32086

6. Name and Address of Current Registered Agent GRIFFIN, TERESA 3808 MAGNOLIA PT LANE ST. AUGUSTINE, FL 32086	
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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: <u><i>Teresa D. Griffin</i></u> TERESA GRIFFIN G. Manager <u>1/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEAD, DOROTHY L 3808 MAGNOLIA PT LANE ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Dorothy L. Head</i></u> Dorothy Head <u>1/12/05</u> <u>904-797-5572</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	