


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90177 039 \*\*\*150.00

<b>DOCUMENT # P96000055606</b> 1. Entity Name <b>MARICAMP-PINE INVESTORS, INC.</b>					
Principal Place of Business <b>444 SEABREEZE BLVD SUITE 1000 DAYTONA BEACH, FL 32118</b>			Mailing Address <b>444 SEABREEZE BLVD SUITE 1000 DAYTONA BEACH, FL 32118</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3388769</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>LICHTIGMAN, CHARLES S 444 SEABREEZE BLVD SUITE 1000 DAYTONA BEACH, FL 32118</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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>Charles S Lichtigman</i></u> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;"><u><i>4/20/06</i></u> DATE</span>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LICHTIGMAN, CHARLES S</b> <b>444 SEABREEZE BLVD, STE 1000</b> <b>DAYTONA BEACH, FL 32118</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>NEUBAUER, DAVID F</b> <b>444 SEABREEZE BLVD, STE 1000</b> <b>DAYTONA BEACH, FL 32118</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>TOWER, DEVIN</b> <b>444 SEABREEZE BLVD, STE 1000</b> <b>DAYTONA BEACH, FL 32118</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u><i>Charles S Lichtigman</i></u> <span style="float: right;"><u><i>4/20/06</i></u> <i>386 238 3600</i></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40069600



01062006 Chg-P CR2E034 (11/05)

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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