

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90399 037 \*\*\*150.00

<b>DOCUMENT # P97000060071</b> 1. Entity Name <b>HIGHLAND PINES MARKET, INC.</b>					
Principal Place of Business <b>3011 MELBOURNE BLVD TAMPA, FL 33605</b>			Mailing Address <b>P O BOX 260502 TAMPA, FL 33685 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>TORTORELLO, JOHN 4822 BONITA VISTA DR TAMPA, FL 33634</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TORTORELLO, JOHN</b>		NAME		
STREET ADDRESS	<b>4822 BONITA VISTA DR</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>TAMPA, FL 33634</b>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>V BRITNATH HANGROO</b>	
STREET ADDRESS			STREET ADDRESS	<b>26446 SHORE GRASS DR.</b>	
CITY - ST - ZIP			CITY - ST - ZIP	<b>WESLEY CHAPEL, FL 33543</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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> <i>J. Tortorello</i>			513-886-6992		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/26/06		

40075688



04262006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3457511**

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

**TORTORELLO, JOHN  
4822 BONITA VISTA DR  
TAMPA, FL 33634**

Name

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

City

**FL**

Zip Code

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9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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4822 BONITA VISTA DR  
TAMPA, FL 33634**

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**SIGNATURE:** *J. Tortorello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

513-886-6992

4/26/06

Date

Daytime Phone #