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## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE  
-TALLAHASSEE, FLORIDA

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # P97000071927</b>  |   |   |   |               |  |
| 1. Entity Name<br>PINE TRACE ACRES, INC.  |   |   |   |  |  |
| Principal Place of Business<br>PO BOX 154<br>MADISON, FL 32341  |   |   | Mailing Address<br>PO BOX 154<br>MADISON, FL 32341                                |  |  |
| 2. Principal Place of Business  |   |   | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.   |   |   | Suite, Apt. #, etc.   |  |  |
| City & State  |   |   | City & State  |  |  |
| Zip   | Country   | Zip   | Country   | 4. FEI Number<br>59-3475130  |  |
|   |   |   |   | Applied For<br>Not Applicable  |  |
|   |   |   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required       |  |
| 6. Name and Address of Current Registered Agent   |   |   | 7. Name and Address of New Registered Agent                                       |  |  |
| COPELAND, FRANCES S<br>600 W BASE ST<br>MADISON, FL 32341   |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |   |  |  |
| FILE NOW!!! FEE IS \$150.00<br>Due by September 7, 2005   |   | 9. Election Campaign Financing<br>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  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>COPELAND, W C III<br>600 W BASE ST<br>MADISON, FL 32341    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>COPELAND, FRANCES S<br>600 W BASE ST<br>MADISON, FL 32341  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>STEWART, BENNIE ROSE<br>1802 PLUM ST<br>VALDOSTA, GA 31601 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | 1115-A Slater St. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| 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>Frances S. Copeland</u> June 15, 2005   |   |   |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   |   |  |  |