

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 22, 2006 8:00 am  
Secretary of State

02-07-2006 90022 021 \*\*\*100.00  
02-22-2006 90001 046 \*\*\*\*50.00

<b>DOCUMENT # P97000071927</b> 1. Entity Name <b>PINE TRACE ACRES, INC.</b>					
Principal Place of Business <b>PO BOX 154 MADISON FL 32341</b>			Mailing Address <b>PO BOX 154 MADISON FL 32341</b>		
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 <b>59-3475130</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>COPELAND, FRANCES S 600 W BASE ST MADISON FL 32341</b>			Name Street Address (P.O. Box Number is Not Acceptable) <b>318 W. Base St.</b> City <b>FL</b> Zip Code <b>32340</b>		
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>Frances S. Copeland</u> DATE <u>1-25-2006</u> <small>Signature, type or print name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-issuing)</small>					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COPELAND, W C III</b> <b>600 W BASE ST</b> <b>MADISON FL 32341</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>S.T</b> <b>Frances Copeland</b> <b>318 W. Base St.</b> <b>Madison, FL 32340</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>COPELAND, FRANCES S</b> <b>600 W BASE ST</b> <b>MADISON FL 32341</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Bennie Rose Stewart</b> <b>1115-A Slater St</b> <b>Valdosta, Ga 31601</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>STEWART, BENNIE ROSE</b> <b>1115-A SLATE ST</b> <b>VALDOSTA GA 31601</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 exemptions contained in Section 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: <u>Frances S. Copeland</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-25-2006</u> <small>Daytime Phone #</small>		

ATTACHMENT



60020679

# P97000071927

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2006

PINE TRACE ACRES, INC.  
PO BOX 154  
MADISON, FL 32341

Subject: PINE TRACE ACRES, INC.

Reference Number: P97000071927

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$100.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$50.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE  
ANNUAL REPORTS SECTION

Check # 182  
\$ 50.00

2/21/06