

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000071927

Entity Name: PINE TRACE ACRES, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

PO BOX 154
MADISON, FL 32341

New Principal Place of Business:

318 W. BASE ST.
MADISON, FL 32340

Current Mailing Address:

PO BOX 154
MADISON, FL 32341

New Mailing Address:

FEI Number: 59-3475130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPELAND, FRANCES S
318 W BASE ST
MADISON, FL 32341 US

Name and Address of New Registered Agent:

COPELAND, FRANCES S
318 W BASE ST
MADISON, FL 32340 US

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.

SIGNATURE: BENNIE ROSE STEWART

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEWART, BENNIE ROSE
Address: 2904 N PATTERSON STE G 3085
City-St-Zip: VALDOSTA, GA 31602

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: COPELAND, FRANCES S
Address: 318 W. BASE ST.
City-St-Zip: MADISON, FL 32340

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENNIE ROSE STEWART

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date