

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000046278	
1. Entity Name DERBY GOLD PINE SHAVINGS COMPANY	

Principal Place of Business 20991 NE HWY 27 WILLISTON, FL 32696	Mailing Address 4351 NE 176TH AVE. WILLISTON, FL 32696
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DO NOT WRITE IN THIS SPACE



03072008 No Chg-P CR2E034 (11/05)

4. FCI Number 59-3575706	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHAMBERLAIN, STEVEN M
618 N.E. 1ST. STREET
GAINESVILLE, FL 32601**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____

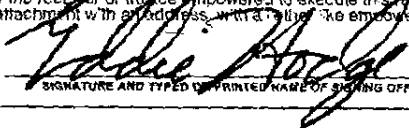
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	U000000530148 05/05/06-80104-011 50.00
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10. OFFICERS AND DIRECTORS

TITLE P	HODGE, EDDIE
NAME	4351 NE 176TH AVE
STREET ADDRESS	WILLISTON, FL 32696
CITY ST ZIP	
TITLE T	HODGE, JOHN
NAME	P.O. BOX 221
STREET ADDRESS	WILLISTON, FL 32696
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 a title like employed.

SIGNATURE:  **4/20/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR