

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
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Secretary of State

03-02-2007 90024 016 ***150.00

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1. Entity Name

LONE PINE PRODUCTIONS, INC.



Principal Place of Business

1525 S. ATLANTIC AVE
SUITE 101
COCOA BEACH FL 32931

Mailing Address

P. O. BOX 321601
COCOA BEACH FL 32932



2. Principal Place of Business - No P.O. Box #

195 N. BREVARD AVE.

3. Mailing Address

Suite, Apt. #, etc.

STE. C

City & State

COCOA BCH. FL

Zip

32931

Country

USA

Zip

Country

4. FEI Number 59-3610465

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

LASLEY, JAMES M
1525 S. ATLANTIC AVE.
SUITE 101
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name LASLEY, JAMES M.

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

760 S. BREVARD AVE.
215

City COCOA BCH.

FL

Zip Code 32931

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME LASLEY, JAMES M
STREET ADDRESS 1525 S. ATLANTIC AVE., STE 101
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/07 321-868-3055

Cell

Daytime Phone #