


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # S05899 1. Entity Name PINES RESORT (U.S.), INC.					
Principal Place of Business 1894 S. PATRICK DRIVE INDIAN HARBOUR BEACH, FL 32937			Mailing Address 215 NORTH EOLA DRIVE ORLANDO, FL 32801		
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 59-3089667	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HECKIN, JAMES F., JR. 215 N. EOLA DRIVE ORLANDO, FL 32802			Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLEMAN, JAMES H.		NAME		
STREET ADDRESS	1894 S. PATRICK DR.		STREET ADDRESS		
CITY - ST - ZIP	INDIAN HARBOUR BEACH, FL 32937		CITY - ST - ZIP	U000000118041 04/19/04-80043-025 150.00	
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECKERLEG, JAMES		NAME		
STREET ADDRESS	1894 S. PATRICK DRIVE		STREET ADDRESS		
CITY - ST - ZIP	INDIAN HARB BCH, FL		CITY - ST - ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEEKES, RAYMOND C.F.		NAME		
STREET ADDRESS	1894 S. PATRICK DRIVE		STREET ADDRESS		
CITY - ST - ZIP	INDIAN HARB BCH, FL 32937		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>James H. Coleman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			12 April 04 403-2678373 Date Daytime Phone #		