

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 561472**  
 1. Entity Name  
**PINE ISLAND INDUSTRIAL PARK, INC.**



Principal Place of Business      Mailing Address  
 4700 PINE ISLAND ROAD NW      4700 PINE ISLAND ROAD NW  
 P.O. BOX 66      P.O. BOX 66  
 MATLACHA, FL 33993 US      MATLACHA, FL 33909

**DO NOT WRITE IN THIS SPACE**



01212005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-1807715</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GLUHAREFF, ALEXANDER M**  
**4700 PINE ISLAND ROAD NW**  
**MATLACHA, FL 33993**

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

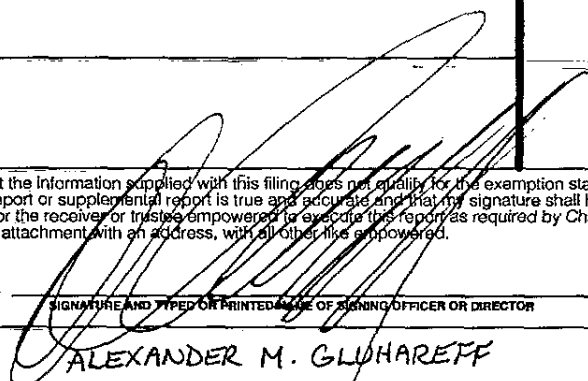
9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

100000226331  
 02/12/05-80011-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT GLUHAREFF, ALEXANDER M. 3596 EMERAL AVENUE ST JAMES CITY, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS GLUHAREFF, ALEXANDER M. 3596 EMERAL AVE ST JAMES CITY, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**       **2/8/05 839-283-0220**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**ALEXANDER M. GLUHAREFF**