

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 569492

FILED  
Apr 05, 2004  
Secretary of State

Entity Name: PINECREST PALMETTO REALTY, INC.

**Current Principal Place of Business:**

1485 BARBER STREET  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 780098  
SEBASTIAN, FL 32978

**New Mailing Address:**

FEI Number: 59-1821295      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLOCCO, JR., ANDREW  
1485 BARBER STREET  
SEBASTIAN, FL 32958

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALLOCCO, ANDREW, JR.  
Address: 1485 BARBER ST.  
City-St-Zip: SEBASTIAN, FL 32958

Title: VDS ( ) Delete  
Name: ALLOCCO, KATHLEEN G,  
Address: 1485 BARBER ST.  
City-St-Zip: SEBASTIAN, FL 32958

Title: T ( ) Delete  
Name: ALLOCCO, ANDREW JR.,  
Address: 1485 BARBER STREET  
City-St-Zip: SEBASTIAN, FL 32958

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDREW ALLOCCO, JR.

PD

04/05/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date