


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # J59123</b><br>1. Entity Name<br>PINE KEY OF MADEIRA, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>6228-9TH AVENUE, NORTH<br>ST. PETERSBURG, FL 33710 | Mailing Address<br>6228-9TH AVENUE, NORTH<br>ST. PETERSBURG, FL 33710 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04152007 No Chg-P CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-2774201                               | Applied For<br>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

AREND, BASIL J.  
6228 - 9TH AVENUE, NORTH  
ST. PETERSBURG, FL 33710

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>AREND, BASIL J.<br>6228-9TH AVENUE, N.<br>ST.PETERSBURG, FL       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>AREND, EMMA J.<br>6228 9TH AVE. N.<br>ST. PETERSBURG, FL           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>AREND, CHRISTOPHER J<br>6228 9TH AVE N<br>ST PETERSBURG, FL 33710 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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 all other like empowered.

**SIGNATURE:** *Basil J. Arend* **BASIL J. AREND** 4/17/2007 727-391-7626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #