


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90074 045 \*\*\*\*70.00

<b>DOCUMENT # N00000008317</b>					
1. Entity Name PINWOOD CO-OP, INC.					
Principal Place of Business 10441 GANDY BLVD SAINT PETERSBURG, FL 33702			Mailing Address 10441 GANDY BLVD SAINT PETERSBURG, FL 33702		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3688229	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER & POLIAKOFF, P.A. 2401 WEST BAY DRIVE SUITE 414 LARGO, FL 33770			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, JOY		NAME	Walsh, Joy	
STREET ADDRESS	10524 POPLAR ST. NE		STREET ADDRESS	10524 Poplar St. NE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUTZ, ROBERT		NAME		
STREET ADDRESS	10764 POPLAR ST NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, JOHN		NAME		
STREET ADDRESS	10878 POPLAR ST. NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICKARD, LENNY		NAME	Richard, Lenny	
STREET ADDRESS	10870 POPLAR ST NE		STREET ADDRESS	10870 Poplar St. NE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEDARD, JULIE		NAME	Rogers, George	
STREET ADDRESS	10831 WALNUT STREET NE		STREET ADDRESS	1090L WALNUT ST. NE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRNE, KEVIN		NAME	BYRNE, KEVIN	
STREET ADDRESS	10536 WALNUT ST NE		STREET ADDRESS	10536 WALNUT ST. NE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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 617, 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>George S. Rogers</i>		GEORGE S. ROGERS		FEB 7, 2006 727-368-5165	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	