2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000107936

1. Entity Name
THE PINO FAMILY CORPORATION

Principal Place of Business	Mailing Address
255 SOUTH ORANGE AVE 6TH FLOOR ORLANDO, FL 32801 US	P.O. BOX 1511 ORLANDO, FL 32802 US

DO NOT WRITE IN THIS SPACE

03122004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3493180	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PINO, LAURENCE J
255 SOUTH ORANGE AVENUE
SIXTH FLOOR
ORLANDO, FL 32801

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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 _____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000128546 04/26/04-80043-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PINO, LAURENCE J
STREET ADDRESS	255 SOUTH ORANGE AVENUE 6TH FLOOR
CITY-ST-ZIP	ORLANDO, FL 32801

TITLE	VPT
NAME	HORVATH-PINO, JANET
STREET ADDRESS	255 SOUTH ORANGE AVENUE 6TH FLOOR
CITY-ST-ZIP	ORLANDO, FL 32801

TITLE	S
NAME	WILSON, PATRICIA T
STREET ADDRESS	255 SOUTH ORANGE AVENUE 6TH FLOOR
CITY-ST-ZIP	ORLANDO, FL 32801

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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)(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 _____ President 3/17/04 407 286-6513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Laurence J. Pino