

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 640153

Entity Name: PIONEER NATIONAL, INC.

FILED
Feb 12, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX 140668
CORAL GABLES, FL 331347668

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 140668
CORAL GABLES, FL 331347668

New Mailing Address:

FEI Number: 59-1984838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

M.J.F. REGISTERED AGENT CORP
153 SEVILLA AVENUE
CORAL GABLES, FL 33134 US

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: P () Delete
Name: HOMA, DEAN,
Address: HOUSE 96
City-St-Zip: ALBROOK, PANAMA,

Title: ST () Delete
Name: HOMA, BRUCE,
Address: HOUSE 145B
City-St-Zip: ALBROOK, PANAMA,

Title: V () Delete
Name: HOMA, C. WILLIAM,
Address: HOUSE 792 X
City-St-Zip: BALBOA, PANAMA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOMA, DEAN,
Address: HOUSE 96
City-St-Zip: ALBROOK, PANAMA, PN 00000

Title: ST (X) Change () Addition
Name: HOMA, BRUCE,
Address: HOUSE 145B
City-St-Zip: ALBROOK, PANAMA, PN 00000

Title: V (X) Change () Addition
Name: HOMA, C. WILLIAM,
Address: HOUSE 792 X
City-St-Zip: BALBOA, PANAMA, PN 00000

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: DEAN HOMA

P

02/12/2004

Electronic Signature of Signing Officer or Director

_____ Date