

MAY 11 2005

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90081 006 ****61.25

DOCUMENT # 723829

1. Entity Name
PINE WOODS, INC.



Principal Place of Business

8420 S.W. 188TH TERR.
MIAMI, FL 33157

Mailing Address

8420 S.W. 188TH TERR.
MIAMI, FL 33157

20063846



05052005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1428802

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REED, STELLA K
8700 SW 190 ST
MIAMI, FL 33157

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PETTO, JOHN 8420 SW 188 TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GLIENKE, HERMAN 8420 SW 188 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VURA, RICHARD 8420 SW 188 TERR. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PETTO, JOHN 8420 SW 188 TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHUETTE, RONALD 8420 SW 188 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ECKERT, OLGA 8420 SW 188 TERR MIAMI, FL

DO NOT WRITE
IN THIS SPACE

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 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:

Stella K Reed Secretary-Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


5/9/05
Date

3052563794
Daytime Phone #

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

20063846

DOCUMENT # 723829 1. Entity Name PINE WOODS, INC.					
Principal Place of Business 8420 S.W. 188TH TERR. MIAMI, FL 33157			Mailing Address 8420 S.W. 188TH TERR. MIAMI, FL 33157		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1428802	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REED, STELLA K 8700 SW 190 ST MIAMI, FL 33157			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by September 7, 2005		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 NAME STREET ADDRESS CITY - ST - ZIP	PD PETTO, JOHN 8420 SW 188 TERR MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VOLLRATH, DIANE 8420 SW 188 TERR MIAMI, FL
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GLIENKE, HERMAN 8420 SW 188 TERRACE MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIRANDA, LESLIE 8420 SW 188 TERR MIAMI, FL
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VURA, RICHARD 8420 SW 188 TERR. MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PETTO, JOHN 8420 SW 188 TERR MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHUETTE, RONALD 8420 SW 188 TERRACE MIAMI, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ECKERT, OLGA 8420 SW 188 TERR MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: <i>Stella Reed</i> Secretary-Treasurer				5/9/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3052563794	
				<small>Date Daytime Phone #</small>	