

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 228435

Entity Name: PIN CHASERS, INC.

FILED  
Mar 31, 2009  
Secretary of State

**Current Principal Place of Business:**

4847 N.ARMENIA AVE.  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

6506 E. FOWLER AVE.  
TAMPA, FL 33617

**New Mailing Address:**

FEI Number: 59-0876299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORRIS, WILLIAM F  
6506 E. FOWLER AVE.  
TAMPA, FL 33617 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: PD ( ) Delete  
Name: MORRIS, WILLIAM F  
Address: 2111 CARROLL LANDING DRIVE  
City-St-Zip: TAMPA, FL 33612

Title: VST ( ) Delete  
Name: MORRIS, MICHAEL J  
Address: 15838 DAWSON RIDGE DR  
City-St-Zip: TAMPA, FL 33647

Title: V ( ) Delete  
Name: PIETZ, GREGORY N  
Address: 6904 SHADY PLACE  
City-St-Zip: TAMPA, FL 33614

Title: V ( ) Delete  
Name: PERRONE, ANTHONY M  
Address: 1019 LAKE CHARLES CIR.  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM F. MORRIS

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date