2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# 297790

Entity Name: PINE CHANNEL ESTATES, INC

Current Principal Place of Business:

29556 FLYING CLOUD
BIG PINE KEY, FL 33043 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 132
BIG PINE KEY, FL 33043 US

New Mailing Address:

FEI Number: 59-1145990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKER, JEROME
29556 FLYING CLOUD AVE.
BIG PINE KEY, FL 33043 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:	ST	( ) Delete
Name:	BAKER, JOAN S,	
Address:	29556 FLYING CLOUD AVE.	
City-St-Zip:	BIG PINE KEY, FL 32043	
Title:	D	( ) Delete
Name:	DEAN, AMY	
Address:	29556 FLYING CLOUD AVE.	
City-St-Zip:	BIG PINE KEY, FL 32043	
Title:	D	( ) Delete
Name:	BAKER, SCOTT	
Address:	29556 FLYING CLOUD AVE.	
City-St-Zip:	BIG PINE KEY, FL 32043	
Title:	D	( ) Delete
Name:	BAKER, LENORE	
Address:	29556 FLYING CLOUD AVE.	
City-St-Zip:	BIG PINE KEY, FL 32043	
Title:	P	( ) Delete
Name:	BAKER, JEROME	
Address:	29556 FLYING CLOUD AVE.	
City-St-Zip:	BIG PINE KEY, FL 32043	

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

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: JOAN S BAKER S/T 04/26/2005

Electronic Signature of Signing Officer or Director — Date