

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 SEP 19 AM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09142007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # 297790</b> 1. Entity Name <b>PINE CHANNEL ESTATES, INC</b>					
Principal Place of Business <b>29556 FLYING CLOUD</b> <b>BIG PINE KEY, FL 33043 US</b>			Mailing Address <b>PO BOX 132</b> <b>BIG PINE KEY, FL 33043 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country			
4. FEI Number <b>59-1145990</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <b>KK</b>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>BAKER, JOAN S</b> <b>29556 FLYING CLOUD AVE.</b> <b>BIG PINE KEY, FL 33043</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Amended AR Is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BAKER, JOAN S</b> <input type="checkbox"/> Delete <b>29556 FLYING CLOUD AVE.</b> <b>BIG PINE KEY, FL 32043</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000110062510</b> <b>09/28/07--01057--006 **70.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>DEAN, AMY</b> <b>29556 FLYING CLOUD AVE.</b> <b>BIG PINE KEY, FL 32043</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>XX</b> Change <input type="checkbox"/> Addition <b>T,S</b> <b>MCKITTRICK, AMY L. f/k/a AMY DEAN</b> <b>29556 Flying Cloud Ave.</b> <b>Big Pine Key, FL 33043</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BAKER, SCOTT</b> <b>29556 FLYING CLOUD AVE.</b> <b>BIG PINE KEY, FL 32043</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BAKER, LENORE</b> <b>29556 FLYING CLOUD AVE.</b> <b>BIG PINE KEY, FL 32043</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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			<b>AMY L. MCKITTRICK f/k/a AMY DEAN</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>09-14-07</b> Daytime Phone # <b>305-289-9690</b>		