

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 297790

Entity Name: PINE CHANNEL ESTATES, INC

FILED
Apr 26, 2008
Secretary of State

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:

PO BOX 430132
BIG PINE KEY, FL 33043 US

FEI Number: 59-1145990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, JOAN S
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: P () Delete
Name: BAKER, JOAN S,
Address: 29556 FLYING CLOUD AVE.
City-St-Zip: BIG PINE KEY, FL 32043

Title: TS () Delete
Name: MCKITTRICK, 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

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: JOAN BAKER

P

04/26/2008

Electronic Signature of Signing Officer or Director

Date