


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 321026
 1. Entity Name
PINE STREET MOTORS, INC.



Principal Place of Business Mailing Address
407 S MAGNOLIA AVE **407 S MAGNOLIA AVE**
OCALA, FL 34474 US **OCALA, FL 34474 US**

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1173503 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STALNAKER, W R
407 S MAGNOLIA AVE
OCALA, FL

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1000000388754
 01/20/06-80020-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STALNAKER, W R
STREET ADDRESS	407 S MAGNOLIA AVE
CITY-ST-ZIP	OCALA, FL
TITLE	VD
NAME	STALNAKER, HILDRETH T
STREET ADDRESS	407 S MAGNOLIA AVE
CITY-ST-ZIP	OCALA, FL
TITLE	S
NAME	JERNIGAN, J. R
STREET ADDRESS	407 S MAGNOLIA AVE
CITY-ST-ZIP	OCALA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* **1-13-06** **352-732-2861**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #