

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

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



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

Mailing Address  
 407 S MAGNOLIA AVE  
 OCALA, FL 34474 US



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-1173503

Applied For  
 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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STALNAKER, W.R. 407 S MAGNOLIA AVE OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STALNAKER, HILDRETH T 407 S MAGNOLIA AVE OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JERNIGAN, J. R. 407 S MAGNOLIA AVE OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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UD0000588285  
 01/17/07-80066-016 150.00

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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 an officer like empowered.

SIGNATURE: [Signature] 1-11-07 352-732-2866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #