


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 330019</b> 1. Entity Name PINE SHORES INVESTMENT CORPORATION	
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Principal Place of Business 2003 79TH STREET NW BRADENTON, FL 34209	Mailing Address 2003 79TH STREET NW BRADENTON, FL 34209
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**DO NOT WRITE IN THIS SPACE**



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1211590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  TWITCHELL, ROBINA 1445 FLOWER DRIVE SARASOTA, FL 34239
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**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 Robina M. Twitchell Robina M. Twitchell <sup>PD</sup> 1/28/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTSD TWITCHELL, TOLLYN J. 1445 FLOWER DRIVE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TWITCHELL, ROBINA 1445 FLOWER DRIVE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UD00000808337  
02/06/08-80037-014 150.00

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

SIGNATURE: Robina M. Twitchell 1/28/08 941 795 4563  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #