

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 570418

FILED  
Jun 09, 2007  
Secretary of State

Entity Name: PINE ISLAND DIVERSIFIED SERVICES, INC.

## Current Principal Place of Business:

5101 DOUG TAYLOR CR  
ST JAMES CITY, FL 33956

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 10  
ST JAMES CITY, FL 33956

## New Mailing Address:

FEI Number: 59-2644636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MYERS, JERRY  
5572 AVE C  
BOKEELIA, FL 33922 US

## Name and Address of New Registered Agent:

MYERS, STACY LEE  
1289 GUM LEAF ROAD  
JACKSONVILLE, FL 32226 US

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: STACY L. MYERS

06/09/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MYERS, JERRY,  
Address: 5572 AVE C  
City-St-Zip: BOKEELIA, FL 33922

Title: SEC ( ) Delete  
Name: CAPUTO, CATHY MS  
Address: 5572 AVE C  
City-St-Zip: BOKEELIA, FL 33922

Title: VP ( ) Delete  
Name: MUNOZ, MONICA M MS  
Address: APTDO 301- 4060  
City-St-Zip: ALAJUELA, COSTA RICA, CR 4060 CR

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MYERS, JERRY E MR  
Address: APTDO 301 - 24060  
City-St-Zip: ALAJUELA, CR 2-4060 CR

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR ( ) Change (X) Addition  
Name: MYERS, STACY L MS  
Address: 1289 GUM LEAF ROAD  
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: DIR ( ) Change (X) Addition  
Name: MYERS, KRISTY L MS  
Address: 6 HILLCROFT RD  
City-St-Zip: NEWARK, DE 19711 US

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: JERRY MYERS

P

06/09/2007

Electronic Signature of Signing Officer or Director

Date