# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 18, 2008**
**Secretary of State**

DOCUMENT# 570418

**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, STACY LEE
1289 GUM LEAF ROAD
JACKSONVILLE, FL 32226 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: MYERS, JERRY E MR
Address: APTDO 301 - 24060
City-St-Zip: ALAJUELA, CR 2-406 CR

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

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

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

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

**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:

Title: VP (X) Change ( ) 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 PRES 02/18/2008

Electronic Signature of Signing Officer or Director — Date