

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 570418

FILED  
Feb 16, 2010  
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:**

5111 DOUG TAYLOR CR  
ST JAMES CITY, FL 33956

**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  
Name: MYERS, JERRY E MR  
Address: APTDO 301 - 24060  
City-St-Zip: ALAJUELA, CR 2-406 CR

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JERRY MYERS

PRES

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date