


# 2005 FOR PROFIT CONSTRUCTION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 593192		Department of		
1. Entity Name PINEAPPLE HUT, INC.		Principal Place of Business 15 FISHING VILLAGE DR KEY LARGO FL 33037		
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <b>59-1876374</b>
City & State		City & State		
Zip	Country	Zip	Country	



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>WOOD, JANET L 15 FISHING VILLAGE DR KEY LARGO FL 33037</b>		7. Name and Address of New Registered Agent		
		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		FL Zip Code		

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: *Janet Wood* DATE: Feb 8, 2005

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST WOOD, JANET L 15 FISHING VILLAGE DR N. KEY LARGO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition U00000246131 02/28/05-80056-001 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Janet Wood* DATE: Feb 8, 2005 305.522.0294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR