


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 666645</b> 1. Entity Name PINES ENTERPRISES, INC.	
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Principal Place of Business 2860 PRESTWICK DR. LAKELAND, FL 33803	Mailing Address 2860 PRESTWICK DR. C/O JACK PINES LAKELAND, FL 33803
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03062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1999041	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  PINES, JACK 2860 PRESTWICK DR LAKELAND, FL 33803
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

U000000130988  
04/26/04-80140-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINES, JACK 2860 PRESTWICK DR LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAPPUZZELLO, MARGIE 2024 STILLWOOD PL WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PINES, ANTHONY 408 N PALM, DR, APT 102 BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Jack Pines  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04 563-682-2844  
Date Daytime Phone #