2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 05, 2008
Secretary of State

DOCUMENT# 708864

Entity Name: PINE CASTLE, INC.

Current Principal Place of Business:

4911 SPRING PARK ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4911 SPRING PARK ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-0704733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAY, JONATHAN W
4911 SPRING PARK ROAD
JACKSONVILLE, FL 32207 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

OFFICERS AND DIRECTORS:

Title:	M	( ) Delete
Name:	MAY, JONATHAN W	
Address:	4911 SPRING PARK ROAD	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	TD	( ) Delete
Name:	OETJEN, JOHN	
Address:	6449 W. CHRISTOPHER CREEK ROAD	
City-St-Zip:	JACKSONVILLE, FL 32217	
Title:	D	(X) Delete
Name:	ROWLAND, DAVID	
Address:	2776 STONEHEDGE COURT S.	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	SD	( ) Delete
Name:	LANE, JEFF	
Address:	5044 OVIEDO COURT	
City-St-Zip:	ORANGE PARK, FL 32203	
Title:	PD	( ) Delete
Name:	HARRISON, KATHY	
Address:	11421 BEECHER CIRCLE WEST	
City-St-Zip:	JACKSONVILLE, FL 32223	
Title:	VD	( ) Delete
Name:	SALLAS-HERRING, SARAH	
Address:	11251 BROCKTON PLACE	
City-St-Zip:	JACKSONVILLE, FL 32257	

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN W. MAY M 09/05/2008

Electronic Signature of Signing Officer or Director — Date