

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 24, 2009
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 (X)

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: 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

Title: () Delete
Name:
Address:
City-St-Zip:

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: VD () Change (X) Addition
Name: FRITTS, CHUCK
Address: 10748 DEERWOOD PARK BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

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

03/24/2009

Electronic Signature of Signing Officer or Director

Date