


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 810126 1. Entity Name PINE ISLAND LAKE GROVE INC	
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Principal Place of Business PO BOX 27 GROVELAND, FL 34736	Mailing Address PO BOX 27 GROVELAND, FL 34736
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DO NOT WRITE IN THIS SPACE



01112004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-1550334	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RICE, JEFFERY A 7429 CR 565B GROVELAND, FL 34736

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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 _____
Signature, typed or printed name of registered agent and file if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICE, JEFFERY A 7429 CR 565B GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RICE, MARIA D 7429 CR 565B GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICE, MATTHEWS A 7429 CR 565B GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, KATHLENIA M 5355 SUMMERLIN RD PORT ST LUCIE, FL 34988
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Jeffery A. Rice Jeffery A. Rice (Pres.) 1/24/04 352-429-3793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #