


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2006 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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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 22-1550334 ☐ Applied For
Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May 1
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	RICE, JEFFERY A
STREET ADDRESS	7429 CR 565B
CITY-ST-ZIP	GROVELAND FL 34736
TITLE	VTD <input type="checkbox"/> Delete
NAME	RICE, MARIA D
STREET ADDRESS	7429 CR 565B
CITY-ST-ZIP	GROVELAND FL 34736
TITLE	SD <input type="checkbox"/> Delete
NAME	RICE, MATTHEWS A
STREET ADDRESS	7429 CR 565B
CITY-ST-ZIP	GROVELAND FL 34736
TITLE	D <input type="checkbox"/> Delete
NAME	CARTER, KATHLENIA M
STREET ADDRESS	5355 SUMMERLIN RD
CITY-ST-ZIP	PORT ST LUCIE FL 34988
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	000000413038
STREET ADDRESS	02/10/06-80073-001 150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 1/29/06 352-489-3793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #