


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90018 023 ***150.00

DOCUMENT # G60942

1. Entity Name
PINE CASTLE AUTO BODY, INCORPORATED



Principal Place of Business Mailing Address

C/O RANDY D. LINNEMAN **C/O RANDY D. LINNEMAN**
5909 ANNO AVE. **5909 ANNO AVE.**
ORLANDO, FL 32809 **ORLANDO, FL 32809**

50001073

2. Principal Place of Business 3. Mailing Address


330 E. OAK RIDGE RD **330 E OAK RIDGE RD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

ORLANDO, FL **ORLANDO, FL**

Zip Country Zip Country

32809 **USA** **32809** **USA**



01032005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

LINNEMANN, RANDY D
5909 ANNO AVE
ORLANDO, FL 32809

4. FEI Number Applied For

59-3156771 Not Applicable

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


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:  DATE: **1-3-05**

*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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


10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LINNEMANN D RANDY	
STREET ADDRESS	11749 NARCOOSSEE RD.	
CITY-ST-ZIP	ORLANDO, FL 00000,	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LINNEMANN, DONNA P	
STREET ADDRESS	11749 NARCOOSSEE RD.	
CITY-ST-ZIP	ORLANDO, FL 00000,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 another like empowered.

SIGNATURE:  Date _____ Day/Time Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR