


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # H33499 1. Entity Name PINE AND PINE, INC.	
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Principal Place of Business 7110 COMMONS BLVD PORT RICHEY, FL 34668 US	Mailing Address 7110 COMMONS BLVD PORT RICHEY, FL 34668 US
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01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2472017	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PINE, WILLIAM S.
7110 COMMONS BLVD
PORT RICHEY, FL 34668**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

01/31/04 12:28
02/02/04-80100-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINE, WILLIAM S 7110 COMMONS BLVD PORT RICHEY, FL 34668
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PINE, PIERRETTE 7110 COMMONS BLVD. PORT RICHEY, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINE, PIERRETTE 7110 COMMONS BLVD PORT RICHEY, FL 34668
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William S. Pine Pres. 1/28/04 771-863-1911