

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H58527

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** PINNACLE PARTNERSHIP, INC.

**Current Principal Place of Business:**

202 IDYLLWILDE DRIVE  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 950873  
LAKE MARY, FL 327950873 US

**New Mailing Address:**

**FEI Number:** 59-2539370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOWNSEND, JAMES THOMAS  
202 IDYLLWILDE DR  
SANFORD, FL 32771 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: PD  
Name: TOWNSEND, JAMES THOMAS  
Address: 202 IDYLLWILDE DR  
City-St-Zip: SANFORD, FL

Title: ST  
Name: TOWNSEND, JAMES THOMAS  
Address: 202 IDYLLWILDE DR  
City-St-Zip: SANFORD, FL

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES THOMAS TOWNSEND

PRES

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date