


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # J59123		
1. Entity Name PINE KEY OF MADEIRA, INC.		
Principal Place of Business 6228-9TH AVENUE, NORTH ST. PETERSBURG, FL 33710		Mailing Address 6228-9TH AVENUE, NORTH ST. PETERSBURG, FL 33710
DO NOT WRITE IN THIS SPACE		
		01162006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2774201
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
AREND, BASIL J. 6228 - 9TH AVENUE, NORTH ST. PETERSBURG, FL 33710		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT AREND, BASIL J. 6228-9TH AVENUE, N. ST.PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AREND, EMMA J. 6228 9TH AVE. N. ST. PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AREND, CHRISTOPHER J 6228 9TH AVE N ST PETERSBURG, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 Chapter 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: <i>Basil J. Arend</i> Basil J. Arend		Date: 4/15/2006 Daytime Phone #: 727-381-7626