2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J59123

1. Entity Name
PINE KEY OF MADEIRA, INC.

Principal Place of Business	Mailing Address
6228-9TH AVENUE, NORTH ST. PETERSBURG, FL 33710	6228-9TH AVENUE, NORTH ST. PETERSBURG, FL 33710

DO NOT WRITE IN THIS SPACE

04152007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2774201	Not Applicable

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

6. Name and Address of Current Registered Agent

AREND, BASIL J.
6228 - 9TH AVENUE, NORTH
ST. PETERSBURG, FL 33710

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS

TITLE	PT
NAME	AREND, BASIL J.
STREET ADDRESS	6228-9TH AVENUE, N.
CITY-ST-ZIP	ST.PETERSBURG, FL

TITLE	S
NAME	AREND, EMMA J.
STREET ADDRESS	6228 9TH AVE. N.
CITY-ST-ZIP	ST. PETERSBURG, FL

TITLE	VP
NAME	AREND, CHRISTOPHER J
STREET ADDRESS	6228 9TH AVE N
CITY-ST-ZIP	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	

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04/27/07-80063-007 150.00

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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: _____ Basil J. Arend 4/17/2007 727-381-7626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #