## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT FILED** Jan 08, 2007 08:00 AM DOCUMENT # 565773 **Secretary of State** PINNACLE REALTY SERVICES, INC. Principal Place of Business Mailing Address **86 SPRING VISTA DR 86 SPRING VISTA DR STE 200** STE 200 DEBARY, FL 32713 DEBARY, FL 32713 US CR2E034 (11/05) 01032007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2807276 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SALZMAN, GARY DO NOT WRITE 301 E PINE ST. STE. 1400 IN THIS SPACE ORLANDO, FL 32801 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PST TITLE NAME GRAY, JOHN, C., JR 000000577051 01/08/07-80001-003 150.00 STREET ADDRESS **86 SPRING VISTA** CITY-ST-ZIP DEBARY, FL 32713 STREET ADDRESS CUTY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information sur blied 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 account 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

SIGNATURE: .

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

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