FILED
Mar 10, 2008 8:00 am
Secretary of State
02-19-2008 90032 030 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

2/1

DOCUMENT # K26097

1. Entity Name
PIONEER PROPERTY MANAGEMENT, INC.

66003008

01072008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
6380 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884-8764 US	6380 CYP GARDENS BLVD. WINTER HAVEN, FL 33884 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6356 Cypress Gardens Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc. ← SAME
City & State: Winter Haven, FL	City & State
Zip: 33884 Country: USA	Zip Country

4. FEI Number 59-2894302 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMERON, ROBERT E., JR.
6378 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMERON, ROBERT E., JR. 6378 CYPRESS GDNS BLVD WINTER HAVEN, FL 33884	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMERON, CATHY 6378 CYPRESS GDNS BLVD WINTER HAVEN, FL 33884	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Rob E C______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #