


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90037 009 \*\*\*150.00

<b>DOCUMENT # K72838</b> 1. Entity Name PINKSTON PROPERTIES, INC.	
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Principal Place of Business 912 N.W. 7TH STREET WILLISTON, FL 32696	Mailing Address 912 N.W. 7TH STREET WILLISTON, FL 32696
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**DO NOT WRITE IN THIS SPACE**



03042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2944477	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  PINKSTON, CARL 912 N.W. 7TH STREET WILLISTON, FL 32696
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**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 _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINKSTON, CARL 912 N.W. 7TH STREET WILLISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PINKSTON, Martha PENNSLOE, MARTHA 912 NW 7TH ST WILLISTON, FL 32696
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>CARL W. PINKSTON</u> <u>Carl W. Pinkston</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3-10-05</u> Daytime Phone # <u>352-528-4970</u>
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