

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 22, 2005 08:00 AM
Secretary of State**

DOCUMENT # L33921

**1. Entity Name
PINEDA CROSSING CORPORATION**



**Principal Place of Business
% JOHN H. MOYNAHAN JR
100 PARNELL ST
MERRITT IS, FL 32953**

**Mailing Address
% JOHN H. MOYNAHAN JR
100 PARNELL ST
MERRITT IS, FL 32953**



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0160771

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MOYNAHAN, JOHN H., JR
100 PARNELL ST
MERRITT IS, FL 32953**

**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

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, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DV
NAME MOYNAHAN, NANCY E.
STREET ADDRESS 100 PARNELL ST
CITY-ST-ZIP MERRITT IS, FL 32953

TITLE P
NAME MOYNAHAN, JOHN H JR
STREET ADDRESS 100 PARNELL ST
CITY-ST-ZIP MERRITT IS, FL 32953

TITLE DV
NAME MOYNAHAN, DAVID F.
STREET ADDRESS 100 PARNELL ST
CITY-ST-ZIP MERRITT IS, FL 32953

TITLE DS
NAME MOYNAHAN, STEPHEN N.
STREET ADDRESS 100 PARNELL ST
CITY-ST-ZIP MERRITT IS, FL 32953

TITLE DV
NAME IORIO, LAURA M.
STREET ADDRESS 100 PARNELL ST
CITY-ST-ZIP MERRITT IS, FL 32953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000322774
04/22/05-80027-013 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Moynahan Jr. Pres. 19 Apr 05 321-449-9521

Date

Daytime Phone #