

FILED
Apr 14, 2006 08:00 AM
Secretary of State

1. Entity Name
PINE CREST FOLIAGE SERVICE, INC.



Mailing Address
PO BOX 982
APOPKA, FL 32704

DO NOT WRITE IN THIS SPACE



04182006 : No Chg-P CR2E034 (11/05)

4. FBI Number:
59-3003970

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

HUNT, DIANA
104 PEBBLE LANE
APOPKA, FL 32712

**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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	HUNT, DIANA K.
STREET ADDRESS	104 PEBBLE LANE
CITY-ST-ZIP	APOPKA, FL 32712

TITLE	DP
NAME	HUNT, AVERY L.
STREET ADDRESS	104 PEBBLE LANE
CITY-ST-ZIP	APOPKA, FL 32712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-AP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/27/06-80072-005 150.00

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IN THIS SPACE**

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 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

08:30

Daytime Phone #