

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L59765

1. Entity Name
PINE CREST FOLIAGE SERVICE, INC.



Principal Place of Business

104 PEBBLE LANE
APOPKA, FL 32712

Mailing Address

PO BOX 982
APOPKA, FL 32704

FILED
Apr 23, 2007 08:00 A
Secretary of State



04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3003970

Applied For
Not Applicable

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

6. 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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000727578
05/04/07-80053-014-150.00

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-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 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

Date

Daytime Phone #

Diana Hunt

4/19/07

407-686-9322