


2004**CORPORATION
ANNUAL REPORT****FILED**
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90025 023 ***150.00

DOCUMENT # N10000002380	
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1. Entity Name
PINWOOD CHAPEL CORPORATIONPrincipal Place of Business
ROUTE 13 BOX 993-2
LAKE CITY, FL 32055Mailing Address
ROUTE 13 BOX 993-2
LAKE CITY, FL 32055

01072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business 357 NW WILKS LN.		3. Mailing Address 357 NW WILKS LN.	
Suite, Apt. #, etc. SUITE B		Suite, Apt. #, etc. SUITE B	
City & State LAKE CITY, FL		City & State LAKE CITY, FL	
Zip 32055	Country Columbia	Zip 32055	Country Columbia

4. FEI Number
03-0469877

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARKER, MELVIN ROUTE 21 BOX 4023 LAKE CITY, FL 32024		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, 2004 Fee will be \$550.009. 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, MELVIN	NAME	
STREET ADDRESS	ROUTE 21 BOX 4023	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY, FL 32024	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Melvin C. Barker* *Melvin C. Barker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-04

Date

386-755-4388

Daytime Phone #