


2005

# CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90047 041 \*\*\*150.00

<b>DOCUMENT # N10000002380</b> 1. Entity Name <b>PINEWOOD CHAPEL CORPORATION</b>					
Principal Place of Business <b>357 NW WILKS LN SUITE B LAKE CITY, FL 32055</b>			Mailing Address <b>357 NW WILKS LN SUITE B LAKE CITY, FL 32055</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BARKER, MELVIN</b> <b>ROUTE 21 BOX 4023</b> <b>LAKE CITY, FL 32024</b>				<b>Melvin &amp; Ann Barker</b> <b>178 SW Leather Ct.</b> <b>Lake City, FL 32024</b>	
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	D				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, MELVIN				
STREET ADDRESS	ROUTE 21 BOX 4023				
CITY-ST-ZIP	LAKE CITY, FL 32024				
TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
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.					
<b>SIGNATURE: <u>Melvin C. Barker</u> <u>Melvin C. Barker</u> 3/16/05 386-755-4388</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					