2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR) FILED DOCUMENT # N14021 Feb 01, 2007 08:00 AM 1. Entity Name **Secretary of State** PINE FOREST INDUSTRIAL PARK OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 1789 WEST 9 MILE RD. 1789 WEST 9 MILE RD. PENSACOLA FL 32534 PENSACOLA FL 32534 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-3653538 Not Applicable Ζιρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BONO, JESSE Street Address (P.O. Box Number is Not Acceptable) 1789 WEST 9 MILE RD. PENSACOLA FL 32534 Zip Code 8. The above named ontity 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 rogistered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to. \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ШŒ PD ☐ Delete TITLE Change [] Addition NAME BONO, JESSE NAME U000000615569 STREET ADDRESS 1789 WEST 9 MILE RD. STREET ADDRESS 02/06/07-80076-010 61.25 CITY - ST - ZIP CITY-ST-7IP PENSACOLA FL 32534 TITLE D۷ ☐ Delete DILE ☐ Change Addition NAME SHERWOOD, WILLIAM NAME STREET ADDRESS 1801 WEST 8 MILE RD. STREET ADDRESS CHY-SI-7IP CfTY-S1-ZIP PENSACOLA FL 32534 TITLE ☐ Delete IIIŒ Change Addition STD NAME NAME HOWIE, DOUG STREET ADDRESS STREET ADDRESS 14645 INNER CITY RD. CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL 32507 ME ☐ Change ☐ Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP HLE ☐ Delete nur Change ☐ Addition NAME STREET ADDRESS STREEF ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change ☐ Delete IIILE Addition NAMi' NAME

I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 logal 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 617, 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:

STREET ADDRESS

CHY-SI-ZIP

Jesse BONO ACTINS

STREET ADDRESS

CITY-ST-ZIP