


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90043 025 \*\*\*\*61.25

<b>DOCUMENT # N18842</b>	
1. Entity Name PINE ISLAND FISH, INC.	

Principal Place of Business 4492 PINE HILL CT. SAINT JAMES CITY, FL 33956 US	Mailing Address P.O. BOX 357 MADISON, FL 33993 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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02052007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0009921	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



<b>6. Name and Address of Current Registered Agent</b> HARMON, MARGARET 4492 PINE HILL CT. ST. JAMES CITY, FL 33956	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEINEMAN, OLGA 2340 CHERIMOYA LANE SAINT JAMES CITY, FL 33956 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALVORSON, PATRICIA 8031 MAIN ST BOKEELIA FL 33922 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, SUSAN 3517 CITRUS ST SAINT JAMES CITY, FL 33956 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROANE, RICHARD 5812 SAMOA DRIVE BOKEELIA FL 33922 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERBE, CAROL 2356 CHERIMOYA LANE SAINT JAMES CITY, FL 33956 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOUTSOUTIS, SONJA 4406 LAKE HEATHER CIRCLE ST. JAMES CITY, FL 33956 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROANE, MARY J 5812 SAMOA DRIVE BOKEELIA, FL 33922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIEGEL, JOAN 2498 CHERIMOYA LN. ST. JAMES CITY FL 33956 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORN, THOMAS 3676 TROPICAL POINT DRIVE SAINT JAMES CITY, FL 33956 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARVIN, LEWIS 7659 GRANDE POINT RD. BOKEELIA FL 33922 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMON, MARGARET 4492 PINE HILL CT. SAINT JAMES CITY, FL 33956 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELROD, CAROL 15837 MISSOURI ST BOKEELIA FL 33922 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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 *Mary Jo Roane, Treas* 10 Apr 07

ATTACHMENT

HOOD 0952  
#118842

TITLE  
NAME  
ST. ADDRESS  
CITY - ST - ZIP

D  
BLACKWELL, PATRICIA  
7668 MYRSINE DR.  
BERKELEY FL. 33922