

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 03, 2008
Secretary of State**

DOCUMENT# N18842

Entity Name: PINE ISLAND FISH, INC.

Current Principal Place of Business:

4492 PINE HILL CT.
SAINT JAMES CITY, FL 33956 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 357
MATLACHA, FL 33993 US

New Mailing Address:

FEI Number: 65-0009921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARMON, MARGARET
4492 PINE HILL CT.
ST. JAMES CITY, FL 33956 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEINEMAN, OLGA
Address: 2340 CHERIMOYA LANE
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: V () Delete
Name: ROANE, RICHARD
Address: 5812 SAMOA DRIVE
City-St-Zip: BOKEELIA, FL 33922

Title: S () Delete
Name: KOUTSOUTIS, SONJA
Address: 4406 LAKE HEATHER CIRCLE
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: T () Delete
Name: ROANE, MARY J
Address: 5812 SAMOA DRIVE
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: GARVIN, LEWIS
Address: 7659 GRANDE POINT RD
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: HARMON, MARGARET
Address: 4492 PINE HILL CT.
City-St-Zip: SAINT JAMES CITY, FL 33956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY JO ROANE

T

04/03/2008

Electronic Signature of Signing Officer or Director

_____ Date