
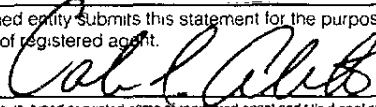
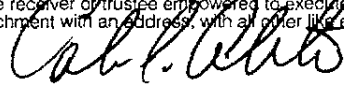


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 27, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # P00000015898</b> 1. Entity Name <b>PINE ISLAND VENTURES, INC.</b>					
Principal Place of Business <b>1324 S MAIN STREET BELLE GLADE FL 33430 US</b>			Mailing Address <b>1324 S MAIN STREET BELLE GLADE FL 33430 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0981878</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ALSTON, CALVIN D 1324 S MAIN STREET BELLE GLADE FL 33430</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>CALVIN D ALSTON P.P.</b>		DATE <b>2-24-04</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <b>ALSTON, CALVIN D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>1324 S MAIN ST</b>		<b>U00000068573</b> <b>02/27/04-80046-005 150.00</b>		
STREET ADDRESS	<b>BELLE GLADE FL 33430</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD <b>HILL, H E</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>1324 S MAIN STREET</b>				
STREET ADDRESS	<b>BELLE GLADE FL 33430</b>				
CITY-ST-ZIP					
TITLE	S <b>MILLER, MONA L</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>1324 S MAIN STREET</b>				
STREET ADDRESS	<b>BELLE GLADE FL 33430</b>				
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete		TITLE	<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)(f), 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: 		Signature typed or printed name of signing officer or director <b>CALVIN D ALSTON</b>		Date <b>2/24/04</b> Daytime Phone # <b>561-996-4524</b>	