

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000069825**

1. Entity Name  
PINEYWOODS AUTOMOTIVE INC.



Principal Place of Business  
5800 NW HIGHWAY 27  
OCALA, FL

Mailing Address  
5800 NW HIGHWAY 27  
OCALA, FL



07072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3658096

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCHORE, THEODORE S  
4225 SE 17TH LANE  
OCALA, FL 34471

**DO NOT WRITE  
IN THIS SPACE**

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

*Jean Schore* Jean Schore

7/7/06

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME SCHORE, THEODORE S  
STREET ADDRESS 4225 SE 17TH LANE  
CITY-ST-ZIP OCALA, FL 34471

TITLE ST  
NAME SCHORE, JEAN M  
STREET ADDRESS 4225 SE 17TH LANE  
CITY-ST-ZIP OCALA, FL 34471

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000569796  
07/13/06-80003-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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:

*Jean Schore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/06

DATE

352.629.6727

Daytime Phone #