2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90273 010 ***150.00

DOCUMENT # P00000086317

1. Entity Name
PINNACLE RESTORATIONS, INC.

Principal Place of Business	Mailing Address
193 W. CORKSCREW BVLD. CLEWISTON, FL 33440 US	P.O BOX 3093 CLEWISTON, FL 33440 US

04252004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1950 Ridgdill Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clewiston FL	City & State
Zip: 33440 / Country: US	Zip / Country

4. FEI Number: 65-1038759 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEVENS, MICHAEL A 193 W. CORKSCREW BVLD. CLEWISTON, FL 33440	Name Street Address (P.O. Box Number is Not Acceptable) 1950 Ridgdill Rd. City Clewiston FL Zip Code 33440

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] President 4/25/04
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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENS, MICHAEL A 193 W. CORKSCREW BVLD. CLEWISTON, FL 33440	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEVENS, CARLA R 193 W. CORKSCREW BVLD. CLEWISTON, FL 33440	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 4/25/04 561-312-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #