

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000073493

FILED
Jan 12, 2006
Secretary of State

Entity Name: PINEAPPLES, PALMS, ETC., INC.

Current Principal Place of Business:

287 E. INDIANTOWN RD.
JUPITER, FL 33477

New Principal Place of Business:

287 E. INDIANTOWN RD.
B-3
JUPITER, FL 33477

Current Mailing Address:

287 E. INDIANTOWN RD.
JUPITER, FL 33477

New Mailing Address:

287 E. INDIANTOWN RD.
B-3
JUPITER, FL 33477

FEI Number: 65-1126598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASCETTA, SHELLY
6242 WOODLAKE RD.
JUPITER, FL 33458 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: BASCETTA, SHELLY
Address: 6424 WOODLAKE RD.
City-St-Zip: JUPITER, FL

Title: VS () Delete
Name: PETERSON, LISA
Address: 5354 PENOCK POINT ROAD
City-St-Zip: JUPITER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELLY BASCETTA

PRES

01/12/2006

Electronic Signature of Signing Officer or Director

_____ Date