


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT



**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000079580 1. Entity Name PINNACLE PROMOTIONS & MARKETING, INC.	
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Principal Place of Business 4963 N. PINE AVE. #101 WINTER PARK, FL 32792	Mailing Address 4963 N. PINE AVE. #101 WINTER PARK, FL 32792
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DO NOT WRITE IN THIS SPACE



03302005        

4. FEI Number 59-3737130	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 
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6. Name and Address of Current Registered Agent  DAVIES, ROSEMARY 4963 N. PINE AVE. #101 WINTER PARK, FL 32792
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIES, ROSEMARY 4963 N PINE AVE #101 WINTER PARK, FL 32792
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05/03/05-80093-003 150.00

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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:** Rosemary Davies    4/29/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #