

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90551 019 \*\*\*150.00

**DOCUMENT # P01000084607**

1. Entity Name  
PINESTRAW OF SOUTH FLORIDA, INC.



Principal Place of Business  
18111 PARKRIDGE CIRCLE  
FORT MYERS, FL 33908-4670

Mailing Address  
18111 PARKRIDGE CIRCLE  
FORT MYERS, FL 33908-4670

14015132



2. Principal Place of Business  
2212 Sunrise Boulevard  
Suite, Apt. #, etc.

3. Mailing Address  
2212 Sunrise Blvd  
Suite, Apt. #, etc.

04222005 Chg-P CR2E034 (10/03)

City & State  
Fort Myers, FL

City & State  
Fort Myers, FL

4. FEI Number  
65-1136927

Applied For  
Not Applicable

Zip  
33907

Country  
USA

Zip  
33907

Country  
USA

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

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

WALTER, SHIRLEY E  
10111 PARKRIDGE CIR  
FORT MYERS, FL 33908

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D SHIREY, SHANE A ☒ Delete  
18111 PARKRIDGE CIRCLE  
FORT MYERS, FL 339084670

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D SHIREY, WALTER E ☐ Delete  
18111 PARKRIDGE CIRCLE  
FORT MYERS, FL 339084670

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

Date

Daytime Phone #