

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000116247

Entity Name: P-PA'S PINES, INC.

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4351 NATURAL BRIDGE ROAD  
TALLAHASSEE, FL 32305

**New Principal Place of Business:**

**Current Mailing Address:**

4351 NATURAL BRIDGE ROAD  
TALLAHASSEE, FL 32305

**New Mailing Address:**

FEI Number: 59-3759872

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GERRELL, THERESA H  
4351 NATURAL BRIDGE ROAD  
TALLAHASSEE, FL 32305 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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: GERRELL, THERESA H  
Address: 4351 NATURAL BRIDGE ROAD  
City-St-Zip: TALLAHASSEE, FL 32305

Title: V  
Name: GERRELL, MICHAEL W  
Address: 10800 KILCREASE WAY  
City-St-Zip: TALLAHASSEE, FL 32305

I hereby 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 all other like empowered.

SIGNATURE: THERESA H GERRELL

PST

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date