

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010996

**FILED**  
**Mar 30, 2005**  
**Secretary of State**

**Entity Name:** PINNACLE MERCHANDISERS, INC.

**Current Principal Place of Business:**

1027 BLANDING BLVD.  
SUITE 604  
ORANGE PARK, FL 32065

**New Principal Place of Business:**

**Current Mailing Address:**

2355 STOCKTON DR  
GREEN COVE SPRINGS, FL 32053

**New Mailing Address:**

FEI Number: 59-3748426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TAYLOR, KEITH R  
1143 N. LYLE AVE  
CRYSTAL RIVER, FL 34429 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: DPT ( ) Delete  
Name: NICHOLSON, STEPHEN  
Address: 2355 STOCKTON DR  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DVS ( ) Delete  
Name: NICHOLSON, JACQUELINE  
Address: 2355 STOCKTON DR  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**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 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 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: STEPHEN NICHOLSON

DPT

03/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date