


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000022241 1. Entity Name PINECASTLE SOD & EQUIPMENT, INC.	
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Principal Place of Business 6433 PINECASTLE RD UNIT #14 ORLANDO, FL 32809	Mailing Address 6433 PINECASTLE RD UNIT #14 ORLANDO, FL 32809
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01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 32-0004112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SKINNER, PAUL A III 6433 PINECASTLE BLVD #14 ORLANDO, FL 32809	DO NOT WRITE IN THIS SPACE
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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:  3/12/05
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	P SKINNER, PAUL A 6433 PINECASTLE BLVD #14 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SKINNER, PAUL A JR 6433 PINECASTLE BLVD #14 ORLANDO, FL 32809
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/04/05-80042-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  3/12/05 407/859-8822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #