

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90038 019 ***150.00

DOCUMENT # P02000027663

1. Entity Name
PIMINCO, INC.



Principal Place of Business
1750 NORTH FLORIDA MANGO ROAD
SUITE 301
WEST PALM BEACH, FL 33409

Mailing Address
PO BOX 541271
LAKE WORTH, FL 33454-1271

94058482



2. Principal Place of Business
2601-41 S. MILITARY TRAIL
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02232004 Chg-P CR2E034 (10/03)

City & State
WEST PALM BEACH, FL
Zip 33415 Country U.S.A.

City & State
Zip Country

4. FEI Number
01-0666745
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANGONON, PATRICK
6281 ETHAN DRIVE
LAKE WORTH, FL 33467

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 Patrick T. Mangonon
Signature, typed or printed name of registered agent and title if applicable.

4/17/04
DATE

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PCEO
NAME MANGONON, PATRICK T
STREET ADDRESS 6281 ETHAN DR
CITY-ST-ZIP LAKE WORTH, FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: Patrick T. Mangonon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/04 (561)
313-6253
Date Daytime Phone #