


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90002 014 ***158.75

DOCUMENT # P02000040654			
1. Entity Name PIONEER MANAGEMENT CORPORATION			
Principal Place of Business 3032 VICTORY PALM EDGEWATER FL 32141		Mailing Address PO BOX 1174 EDGEWATER FL 32132	
2. Principal Place of Business 3121 WILLOW OAK Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 1174 Suite, Apt. #, etc.	
City & State EDGEWATER, FL Zip 32141 Country VOLUSIA		City & State EDGEWATER Zip 32132 Country VOLUSIA	



MOORE CR2E034 (4/04)

4. FEI Number 39-1443759		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RUUD, RICHARD A 3032 VICTORY PALM EDGEWATER FL 32141		7. Name and Address of New Registered Agent Name RICHARD A. RUUD Street Address (P.O. Box Number is Not Acceptable) 3121 WILLOW OAK City EDGEWATER FL Zip Code 32141	
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 RICHARD A. RUUD (NOTE: Registered Agent signature required when reinstating) DATE 8/23/04			

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUUD, RICHARD A 3032 VICTORY PALM EDGEWATER FL 32141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3121 WILLOW OAK
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **RICHARD A. RUUD** **8/23/04** **386-424-0676**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #