

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P02000055170  
 1. Entity Name  
 PINE ISLAND TOWING COMPANY



Principal Place of Business  
 P. O. BOX 489  
 PINELAND, FL 33945

Mailing Address  
 P. O. BOX 489  
 PINELAND, FL 33945

**DO NOT WRITE IN THIS SPACE**



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 01-0702154

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BERG, PAUL R  
 3333 20TH ST.  
 VERO BCH, FL 32960

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	PD POPPELL, REGINA P. O. BOX 489 PINELAND, FL 33945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POPPELL, STEVEN P. O. BOX 489 PINELAND, FL 33945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000720071  
 05/01/07-80090-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Regina T. Poppel Regina T. Poppel 4/17/07 (772) 489 6069  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #