2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2004 8:00 am Secretary of State

DOCUMENT # P02000112753 1. Entity Name PINETTE ENTERPRISES, INC.							04-02-2004	90066 031	***15	50.00	
Principal Place of Business Mailing Address											
320 W CERVANTES STREET 320 W CERVANTES STREE											
PENSACOLA, FL: 32501 PENSACOLA, FL 32501											
and the state of t							118 (1881 8 8 111 8 8 17) 8 3 18			ILIN IL 1898	
2. Principal P	3. Mailing Address										
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Suite, Apt. #, etc.		Suite, Apt. #, etc.				01222004	Chg-P	CR2E034 ((10/03)		
City & State		City & State				4. FEI Number			Ap	plied For	
7:-				35-2186364 Not Applicable							
Zip	Country Zip . Co		Count	ry	5. Certificate of Status Desired				See Required		
	6. Name and Address of Current	Registered Agent				7. Name and A	ddress of New Re	egistered Age	nt		
PINETTE, STEVEN M 320 W CERVANTES STREET				Name	ame						
				Street Add	dress (F	P.O. Box Number is Not Acceptable)					
	LA, FL 32501				-		•				
				City				FL	Zip Cod	∍	
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											
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, 2004 Fee will be \$550:00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.	OFFICERS AND		11.				HANGES TO OFFI				
TITLE (), a == (D PINETTE, STEVEN M	Delete	TITLE			ector	d th		Change	X Addition	
NAME STREET ADDRESS				T ADDRESS		Robert J. Smith 125 N. New Warrington Road					
CITY-ST-ZIP				ST-ZIP	Pensacola, FL 32507						
TITLE :	D	Delete	TITLE			•			Change	Addition	
NAME	SMITH, BARBARA D		NAME	i							
STREET ADDRESS CITY-ST-ZIP	320 W CERVANTES STREET PENSACOLA, FL 32501			ST-ZIP			•				
TITLE	PENSACOLA, FL 32501	Delete	TITLE						Change	☐ Addition	
NAME		∟ Delete	NAME	1				Ш	Orlange		
STREET ADDRESS				T ADDRESS							
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CITY-ST-ZIP				ST-ZIP			-				
TITLE		☐ Delete	TITLE						Change	☐ Addition	
NAME			NAME								
STREET ADDRESS CITY-ST-ZIP				ST-ZIP							
TITLE		☐ Delete	TITLE						Change	Addition	
NAME	'·: · · :		NAME							_	
STREET ADDRESS				ET ADDRESS				**		1	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 12. I hereby codify that the information supplied with this filling does not qualify for the exemption stated in Sect.							Clasida Cres es	· ,, · '		formation	
iz. inereby (ьетигулиат ите ипонпаноп suppued with	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									

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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/31/64

850-432-8111