2008 FOR PROFIT CORPORATION ANNUAL REPORT

03-31-2008 90013 010 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03242008 Chg-P CR2E034 (12/06)

DOCUMENT # P02000117234

1. Entity Name
PUSH PIN PROPERTIES, INC.

Principal Place of Business
1240 RED OAK LANE
PORT CHARLOTTE, FL 33948

Mailing Address
1240 RED OAK LANE
PORT CHARLOTTE, FL 33948

1240 Red OAK LN
Port charlotte, Fl
33948 Charlotte

3. Mailing Address: P.O. Box 2263
Suite, Apt. #, etc.
City & State: FRANKLIN N.C.
Zip: 28744
Country

4. FEI Number: 01-0750922 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MAY, PATRICIA PRES
1240 RED OAK LANE
PORT CHARLOTTE, FL 33948

7. Name and Address of New Registered Agent
Name: GEORGE GUION
Street Address (P.O. Box Number is Not Acceptable): 1240 Red Oak Lane
City: Port Charlotte, Fl Zip Code: 33948

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: George B. Guion 3/25/08
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MAY, PATRICIA 1240 RED OAK LN PORT CHARLOTTE, FL 33948	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GEORGE GUION P.O. BOX 2263 FRANKLIN N.C 28744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: George B. Guion 3/25/08 941-628-6930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

As per telephone conversation with George Guion on 6/9/08.

JC 6/9