

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90008 020 \*\*\*150.00

54008131



01222004 Chg-P CR2E034 (10/03)

4. FEI Number **03-0502774** Applied For  
Not Applicable

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

**DOCUMENT # P03000012111**

1. Entity Name  
**PINKNICKERS, INC.**



Principal Place of Business  
**5836 SE LILLIAN CIRCLE  
BELLEVUE, FL 34420**

Mailing Address  
**5836 SE LILLIAN CIRCLE  
BELLEVUE, FL 34420**

2. Principal Place of Business  
**507 SE 1st Ave**

3. Mailing Address  
**507 SE 1st Ave**

Suite, Apt. #, etc.  
**Ocala**

Suite, Apt. #, etc.  
**Ocala FL**

City & State  
**FLA.**

City & State  
**Ocala FL**

Zip  
**34471**

Country  
**USA**

Zip  
**34471**

Country  
**USA**

6. Name and Address of Current Registered Agent

**DENKER, MITCHELL  
5836 SE LILLIAN CIRCLE  
BELLEVUE, FL 34420**

7. Name and Address of New Registered Agent

Name **David A. Wilson**

Street Address (P.O. Box Number is Not Acceptable)  
**1409 NE 22 Ave**

City **Ocala** State **FL** Zip Code **34470**

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]** DATE **1-23-04**

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, 2004 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	<b>D MONTGOMERY-RIGGS, MARIE 5401 HWY 329 LOWELL, FL 32663</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: **[Signature]** **MARIE MONTGOMERY** **2/14/04** **352-620-2220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR