

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90135 035 ***150.00

DOCUMENT # P03000042103

1. Entity Name

PINKERTON ORIGINALS, INC.



Principal Place of Business

175 W. GRAANADA BLVD.
SUITE 201
ORMOND BEACH FL 32174-6362

Mailing Address

175 W. GRAANADA BLVD.
SUITE 201
ORMOND BEACH FL 32174-6362

2. Principal Place of Business

138 Palm Coast Parkway NE
PALM COAST, FL. #376

Mailing Address

138 PALM COAST PARKWAY N.E.
#376



MOORE CR2E034 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Coast

City & State

FLORIDA

Zip

32137

Country

FLAGLER

Zip

32137

Country

FLAGLER

4. FEI Number

11-3687766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHecter, RANDAL L ESQ.
175 W. GRAANADA BLVD.
SUITE 201
ORMOND BEACH FL 32174-6362

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete
NAME **KATHY A. PINKERTON**
STREET ADDRESS **138 PALM COAST PARKWAY NE #376**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

KATHY A. PINKERTON 4-23-04 (386) 931-5664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #