


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90052 029 ***158.75

DOCUMENT # P03000042103	
1. Entity Name PINKERTON ORIGINALS, INC.	

Principal Place of Business 138 PALM COAST PKWY NE PALM COAST, FL 32137	Mailing Address 138 PALM COAST PKWY NE SUITE 201 PALM COAST, FL 32137
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2. Principal Place of Business 138 PALM COAST PKWY NE	3. Mailing Address 138 PALM COAST PKWY NE
Suite, Apt. #, etc. Suite 376	Suite, Apt. #, etc. Suite 376
City & State PALM COAST, FLORIDA	City & State PALM COAST, FLORIDA
Zip 32137	Country USA



03302005 Chg-P CR2E034 (10/03)

4. FEI Number 11-3687766	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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 PINKERTON, KATHY A. Street Address (P.O. Box Number is Not Acceptable) 67 FRONT STREET City PALM COAST FL Zip Code 32137
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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 Kathy A. Pinkerton <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 3-29-2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINKERTON, KATHY A 138 PALM COAST PKWY NE PALM COAST, FL 32137 <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: Kathy A. Pinkerton <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 3-29-2005 <small>Date Daytime Phone #</small>