

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90005 029 ***150.00

DOCUMENT # P03000070485

1. Entity Name

THE PINEAPPLE NOOK INC.



Principal Place of Business

~~3711 TROUT RIVER BLVD~~
~~JACKSONVILLE FL 32208~~

Mailing Address

~~3711 TROUT RIVER BLVD~~
~~JACKSONVILLE FL 32208~~

2. Principal Place of Business

2245 Plantation Center Dr.

3. Mailing Address

2245 Plantation Center Dr.

Suite, Apt. #, etc.

Bldg. 5 - Suite 28

Suite, Apt. #, etc.

Bldg. 5 Suite 5

City & State

Fleming Island, FL

City & State

Fleming Isl. FL

Zip

32003

Country

USA

Zip

32003

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

36-4533942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCARNECCHIA, ANITA L

~~3711 TROUT RIVER BLVD~~
~~JACKSONVILLE FL 32208~~

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 *Anita Scarneccchia*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
SCARNECCHIA, ANITA L
1604 BRIGHTON BLUFF CT
ORANGE PARK FL 32003 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V.P.
Ronald Scarneccchia
1604 Brighton Bluff Ct.
Orange Park, FL 32003 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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: *Anita Scarneccchia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-18-04

Daytime Phone #

904-215-0312