

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90276 012 \*\*\*150.00

<b>DOCUMENT # P03000088926</b>					
<b>1. Entity Name</b> <b>PIONEER ENTERPRISES, INC.</b>					
<b>Principal Place of Business</b> 1985 UNIT 3 CATTLEMEN RD SARASOTA, FL 34232			<b>Mailing Address</b> P.O. BOX 7721 SARASOTA, FL 34278		
<b>2. Principal Place of Business</b> <u>3505 HACIENDA ST</u>		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <u>SARASOTA FL</u>		<b>City &amp; State</b> City & State		<b>4. FEI Number</b> <b>20-0189627</b>	
<b>Zip</b> <u>34237</u>		<b>Country</b> <u>USA</u>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WEAVER, LEROY A 1985 UNIT 3 CATTLEMEN RD SARASOTA, FL 34232			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <u>3505 Hacienda St</u> City <u>Sarasota</u> <b>FL</b> Zip Code <u>34237</u>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DPST <input type="checkbox"/> Delete WEAVER, LEROY A 1985 UNIT 3 CATTLEMEN RD SARASOTA, FL 34232	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3505 Hacienda St</u> <u>Sarasota FL 34237</u>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DV <input type="checkbox"/> Delete WEAVER, MARIA 1985 UNIT 3 CATTLEMEN RD SARASOTA, FL 34232	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3505 Hacienda St</u> <u>Sarasota FL 34237</u>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Maria Weaver</u> <u>Maria Weaver</u> <u>1-10-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					