

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90089 026 ***150.00

DOCUMENT # P03000096802

1. Entity Name

PINE ISLAND OFFICE-PARK, INC.



Principal Place of Business

2916 BUTTONWOOD KEY COURT
ST JAMES CITY FL 33956

Mailing Address

2916 BUTTONWOOD KEY COURT
ST JAMES CITY FL 33956

24004425



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-1682542

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

MYERS, T. SCOTT
2916 BUTTONWOOD KEY COURT
ST JAMES CITY FL 33956

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

T. Scott Myers

SCOTT MYERS

1/24/04

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 D ☐ Delete
NAME MYERS, T. SCOTT
STREET ADDRESS 2916 BUTTONWOOD KEY COURT
CITY-ST-ZIP ST JAMES CITY FL 33956

TITLE D ☐ Delete
NAME BRUNER, HAROLD
STREET ADDRESS 2916 BUTTONWOOD KEY COURT
CITY-ST-ZIP ST JAMES CITY FL 33956

TITLE D ☐ Delete
NAME LAWSON, JOYCE
STREET ADDRESS 2916 BUTTONWOOD KEY COURT
CITY-ST-ZIP ST JAMES CITY FL 33956

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE D V ☒ Change ☐ Addition
NAME
STREET ADDRESS 2928 Buttonwood Key Ct
CITY-ST-ZIP

TITLE D S ☒ Change ☐ Addition
NAME
STREET ADDRESS 4513 COURTNEY RD
CITY-ST-ZIP ST JAMES CITY, FL 33956

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

T. Scott Myers SCOTT MYERS

1/24/04

239-283-

~~239-283-~~ 5716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #