

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90035 021 ***150.00

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1. Entity Name

PINEAPPLE COVE ACADEMY, INC.



Principal Place of Business

1517 S MIRAMAR AVE
INDIALANTIC FL 32903

Mailing Address

1517 S MIRAMAR AVE
INDIALANTIC FL 32903



2. Principal Place of Business - No P.O. Box #

1795 Eldron Blvd

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State

Rain Bay FL

City & State

Zip

32909

Country

Zip

Country

4. FEI Number 41-2109024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORAN, BETH A
1517 S MIRAMAR AVE
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name

John Moran

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

Same

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 submitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 DCP ☐ Delete
NAME MORAN, JOHN E
STREET ADDRESS 1517 S MIRAMAR AVE
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE DVS ☐ Delete
NAME MORAN, BETH A
STREET ADDRESS 1517 S MIRAMAR AVE
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE DVS ☐ Delete
NAME MORAN, THOMAS A
STREET ADDRESS 1517 S MIRAMAR AVE
CITY-ST-ZIP INDIALANTIC FL 32903

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 exemptions contained in Section 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08

3217238884

Date

Daytime Phone #