

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099693

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** PINEAPPLE COVE ACADEMY, INC.

**Current Principal Place of Business:**

1785 ELDRON BLVD  
PALM BAY, FL 32909

**New Principal Place of Business:**

**Current Mailing Address:**

1785 ELDRON BLVD  
PALM BAY, FL 32909

**New Mailing Address:**

**FEI Number:** 41-2109024      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORAN, JOHN  
1517 S MIRAMAR AVE  
INDIALANTIC, FL 32903      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DCP  
Name: MORAN, JOHN E  
Address: 1517 S MIRAMAR AVE  
City-St-Zip: INDIALANTIC, FL 32903

Title: DVS  
Name: MORAN, BETH A  
Address: 1517 S MIRAMAR AVE  
City-St-Zip: INDIALANTIC, FL 32903

Title: DVS  
Name: MORAN, THOMAS A  
Address: 1517 S MIRAMAR AVE  
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN MORAN

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DCP

01/16/2012

\_\_\_\_\_ Date