

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000111307

1. Entity Name
THE BRASS PINEAPPLE, CO.



Principal Place of Business
**2495 NW FEDERAL HWY
STUART, FL 34957 US**

Mailing Address
**2495 NW FEDERAL HWY
STUART, FL 34957 US**



01082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0336712

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KURISH, BARBARA H
3473 SW OAR CT.
PALM CITY, FL 34990**

**DO NOT WRITE
IN THIS SPACE**

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 Mary Prokop, MARY PROKOP, VICE PRESIDENT

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

(NOTE: Registered Agent signature required when rehashing)

DATE

4/10/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10000005102902
04/26/06-00010-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KURISH, BARBARA H
STREET ADDRESS	3473 SW OAR COURT
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	VP
NAME	PROKOP, MARY H
STREET ADDRESS	1038 SE WALTERS TERRACE
CITY-ST-ZIP	PORT ST LUCIE, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Mary Prokop, MARY PROKOP, VICE PRESIDENT, 4/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #