

2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/25

FILED
Sep 10, 2004 8:00 am
Secretary of State

08-25-2004 90001 044 ***150.00

DOCUMENT # P03000134935

1. Entity Name
PIR PARTNERS, INC.



66433385



08182004 Chg-P CR2E034 (10/03)

Principal Place of Business
**106 HANCOCK BRIDGE PARKWAY D-15
SUITE 544
CAPE CORAL, FL 33991**

Mailing Address
**106 HANCOCK BRIDGE PARKWAY D-15
SUITE 544
CAPE CORAL, FL 33991**

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 **20-0423878** 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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name **Shirley A. Jones**

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

106 Hancock Bridge Pkwy D-15 #544
City **Cape Coral** FL Zip Code **33991**

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

Shirley A. Jones

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME **D JONES, GEORGE M**
STREET ADDRESS **106 HANCOCK BRIDGE PARKWAY D-15, STE. 544**
CITY-ST-ZIP **CAPE CORAL, FL 33991**

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

TITLE ☐ Delete
NAME **CRANDALL, JAMES J**
STREET ADDRESS **106 HANCOCK BRIDGE PARKWAY D-15, STE. 544**
CITY-ST-ZIP **CAPE CORAL, FL 33991**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Shirley A. Jones**
STREET ADDRESS **106 Hancock Bridge Pkwy, D-15 #544**
CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 registered agent 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:

Shirley A. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #