

**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.**



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**

**66433385**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

08182004 Chg-P CR2E034 (10/03)

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

7. Name and Address of New Registered Agent  
 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, the registered agent.

SIGNATURE *Shirley A Jones* (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**

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	JONES, GEORGE M
STREET ADDRESS	106 HANCOCK BRIDGE PARKWAY D-15, STE. 544
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	D <input type="checkbox"/> Delete
NAME	CRANDALL, JAMES J
STREET ADDRESS	106 HANCOCK BRIDGE PARKWAY D-15, STE. 544
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shirley A Jones
STREET ADDRESS	106 Hancock Bridge Pkwy, D-15 # 544
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Shirley A Jones* SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #