


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90026 008 ***150.00

DOCUMENT # P03000146645			
1. Entity Name PINE ELECTRIC, INC.			
Principal Place of Business 1009 W FIRST ST FT PIERCE, FL 34982		Mailing Address 1009 W FIRST ST FT PIERCE, FL 34982	
2. Principal Place of Business 19309 Okeechobee Rd		3. Mailing Address PO Box 12955	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft Pierce FL		City & State Ft Pierce FL	
Zip 34945		Country US	
4. FEI Number 20-0466887		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINE, DAN A 1009 W FIRST ST 4TH FLOOR FORT PIERCE, FL 34982		7. Name and Address of New Registered Agent Name Dan A. Pine Street Address (P.O. Box Number is Not Acceptable) 19309 Okeechobee Rd City Ft Pierce FL Zip Code 34945	
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 <u>Dan A. Pine (pres)</u> DATE <u>3-1-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PINE, DAN A 1009 W FIRST ST FT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19309 Okeechobee Rd Ft Pierce FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Dan Pine (pres)</u> Dan Pine		Date <u>3-1-06</u> Daytime Phone # <u>772-429-8887</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

