

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P03000146645			
1. Entity Name PINE ELECTRIC, INC.			
Principal Place of Business 19309 OKEECHOBEE RD FORT PIERCE, FL 34945		Mailing Address POB 12955 FORT PIERCE, FL 34979	
DO NOT WRITE IN THIS SPACE			
			03152008 No Chg-P CR2E034 (11/05)
		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		DO NOT WRITE IN THIS SPACE	
PINE, DAN 19309 OKEECHOBEE RD FORT PIERCE, FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		<div>U000000865891 04/08/08-80006-015 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE	PSTD		
NAME	PINE, DAN A		
STREET ADDRESS	19309 OKEECHOBEE RD		
CITY-ST-ZIP	FORT PIERCE, FL 34945		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 Dan Pine</u>		3-19-08 772 429-8887	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	