

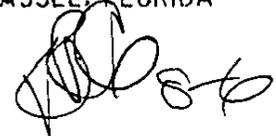
FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034B (11/08)

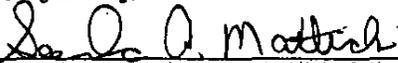
DOCUMENT # P04000074356 1. Entity Name Pine Avenue Inc.	
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2. Principal Place of Business - No P.O. Box # 309 Pine Avenue Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1118 Suite, Apt. #, etc.
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City & State Anna Maria FL	City & State Anna Maria FL	4. FEI Number 20-1070920	Applied For <input type="checkbox"/> Not Applicable
Zip 34216 Country USA	Zip 34216 Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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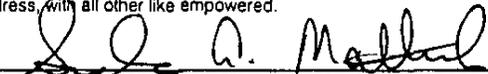
7. Name and Address of Current Registered Agent	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
Name Sandra A. Mattick	SIGNATURE 
Street Address (P.O. Box Number is Not Acceptable) 309 Pine Avenue P.O. Box 1118	DATE 7-26-10
City Anna Maria FL Zip Code 34216	(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/ST Sandra A. Mattick P.O. Box 1118 Anna Maria FL 34216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)

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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 on an attachment with an address, with all other like empowered.	SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 7-26-10 Daytime Phone # 941-799-9200