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ANNUAL REPORT					Feb 25, 2008 08:00 Secretary of Sta			
1. Entity Nam	MENT # P0400014642 EES PINESTRAW, INC		w) ==		ci eta	y of Sta		
	ROAD *** ********************************	ailing Address 23ISE DEES ROAD 18 RANFORD, FL 32008						
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	6. Name and Address of Current Regis	itered Agent		alipta situalitati. Ajamina situ	e land our terror of the terror of the terror	t na primar na sang men dipanggan panggan panggan denggan denggan dipanggan		
DEES, RANDY 846 SW MAIN BLVD LAKE CITY, FL 32025			The second of th	1	NOT WE	RITE		
	·				and the standard of the standa	as Port de Ali. 1994 - Pirke		
the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Floric	la. I am familia	r with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registere	d Agent signature required	d when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution		.00 May Be led to Fees	U0000 03/05/08	0838396 -80027-()25 150.00	
10.	OFFICERS AND DIRE	CTORS	A . 18 . Supr. 1. 3.	a grade s	region of the second of the se	s Son - grops s grafte grops s gr	I to me to the Property	
NAME STREET ADDRESS CITY-ST-ZIP	P DEES, RANDY 323 SE DEES ROAD BRANFORD, FL 32008		And the second	The first on the first of the f	મારા તૈયા મીકાં કરા છે. કે ફ્રેટ્ટિક્ટ્સ આ પૂર્વામાં કરા હતું કે જે જાણ ફેર્ટ આ પૂર્વા કહ્યું કે જે કે ફ્રેટિક્ટ્સિક્સિક્ટ્સિક્ટ્સિક્ટ્સિક્ટ્સિક્ટ્સિક્સિક્સિક્સિક્સિક્સિક્ટ્સિક્સિક્સિક્સિક્સિક્સિક્સિક્સિક્સિક્સિક			
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-935-3922 Daytime Phone 4