2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 09, 2008 08:00 A Secretary of State DOCUMENT # P04000157667 PINEAPPLE PLANTATION BUILDERS, INC. Principal Place of Business Mailing Address POST OFFICE BOX 3041 POST OFFICE BOX 3041 STUART, FL 34995 STUART, FL 34995 CR2E034 (11/05) No Chg-P 01112008 Applied For 4. FEI Number 20-1952869 Not Applicable \$8.75 Additional all and the graphs of the last and a place and the last of the las 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent gat wider entire differently to DO NOT WRITE NORMAN, KENNETH A 2400 S.E. FEDERAL HIGHWAY, FOURTH FLOOR STUART, FL 34994 IN THIS SPACE adalah kecaban di dia kecabahan di dibebahan darakan di d 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution П Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE with the acceptance with the acceptance in the NAME GIACOBBE, FRANK POST OFFICE BOX 3041 STREET ADDRESS CITY-ST-ZIP STUART, FL 34995 Militar de cité apar de la cité de la cité de la participa. # U00000887978 TATLE 04/21/08-80041-025 150.00 NAME STREET ADORESS CITY-ST-ZIP UTLE productive the telegraph of the contractive the contractive the contractive the contractive the contractive th NAMÉ STREET ADDRESS DO NOT WRITE CITY-S1-7P IN THIS SPACE HILE NAMÉ STREET ADDRESS CITY-S1-ZIP

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.

TITLE NAME

TITLE

NAMÉ STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

City-St-ZiP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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