

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90419 006 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000039338			
1. Entity Name PINEAPPLE COURT, INC.			
Principal Place of Business 301 NE 16TH TERRACE FORT LAUDERDALE, FL 33301		Mailing Address 301 NE 16TH TERRACE FORT LAUDERDALE, FL 33301	
2. Principal Place of Business - No P.O. Box # 1217 SE 1st Avenue		3. Mailing Address 1217 SE 1st Avenue	
Suite, Apt. #, etc. Suite #2		Suite, Apt. #, etc. Suite #2	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33316	Country	Zip 33316	Country
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRCHNER, JOHN 301 NE 16TH TERRACE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Paterson, Terence Street Address (P.O. Box Number is Not Acceptable) 1217 SE 1st Avenue Suite #2 City Fort Lauderdale FL Zip Code 33316	
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 		T. Paterson 04-23-2007	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P KIRCHNER, JOHN 301 NE 16TH TERRACE FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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
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 another like empowered.			
SIGNATURE: 		T. Paterson 04-23-2007 954522-1049	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	