

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

04-30-2007 90419 047 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000058131

1. Entity Name
PINEAPPLE FIELDS, INC.



40089578

Principal Place of Business Mailing Address
1217 SE 1ST STREET 1217 SE 1ST STREET
STE 2 STE 2
FORT LAUDERDALE, FL 33316 US FORT LAUDERDALE, FL 33316 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1217 SE 1st Avenue 1217 SE 1st Avenue

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite # 2 Suite # 2

City & State City & State
Fort Lauderdale, FL Fort Lauderdale, FL

Zip Country Zip Country
33316 33316

04242007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
03-0559285 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, DANIEL A
901 S FEDERAL HWY STE 201
FT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE MGR ☐ Delete
NAME PATERSON, TERENCE
STREET ADDRESS 1217 SE 1ST STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE MGR ☐ Delete
NAME CHAPMAN, JUDD
STREET ADDRESS 1217 SE 1ST AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 T. Paterson 04-23-2007 954 522-1049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #