2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000081948



FILED May 03, 2006 8:00 am Secretary of State

THE PINEAPPLE NOOK OF FLEMING ISLAND INC						05-03-2006 90238 015 ***150.00				
Principal Place of Business 2245 PLANTATION CENTER DRIVE STE 5 ORANGE PARK, FL 32003		2245 PLANT STE 5	Mailing Address 2245 PLANTATION CENTER DRIVE STE 5 ORANGE PARK, FL 32003		20043886					
Principal Place of Business Mailing Address			Iress							
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.		04062006	Chg-P	CR2E034 (11/05)		
City & State		City & State	City & State		FEI Number	28754	6,20		plied For t Applicable	
Zip Country		Zip	Zip Country		ı	Status Desired	П	· · · · · · · · · · · · · · · · · · · ·	ltional	
				Name						
FITZHUGH, BETTY RAE 712 CHATAL DRIVE QRANGE PARK, FL 32073				Street Address (P.O. Box Number is Not Acceptable)						
				City				Zip Code	9	
the obligates	named entity submits this statemeions of registered agent. Signature, typed or printed name of registered E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$5	agent and title if applicable.		ered Agent eignature requi		, in the State of H	CATE	iar with,	and accept	
OFFICERS AND DIRECTORS					ADDITIONS/C	HANGES TO OFF	ICERS AND DIR	ECTORS	SIN 11	
TITLE NAME Street address City-St-Zip	D FITZHUGH, BETTY RAE 712 CHATAL DRIVE ORANGE PARK, FL 32073		N.	ITLE AME ITREET ADDRESS ITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP			N ST	TILE AME TREET ADDRESS TY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		٥	N/ ST	TILE AME TREET ADDRESS TTY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
TITLE NAME Street Address Chy-S1-ZIP		۵	NU 51	TLE MANE IREET ADDRESS ITY-ST-ZIP			0	Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP			ST	TLE NATE FREET ADDRESS ITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information a police		NU ST	TLE MAKE TREET ADDRESS TY-ST-ZIP				Change	Addition	

I nereby 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 tike empowered.

Daytime Phone #