

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90105 023 \*\*\*150.00

**DOCUMENT # P40003**

1. Entity Name  
PINEY BRANCH MOTORS, INC.



Principal Place of Business  
3200 45TH ST.  
WEST PALM BEACH, FL 33407

Mailing Address  
P. O. BOX 427  
SAVAGE, MD 20763-0427 US

60038070



**DO NOT WRITE IN THIS SPACE**

04282006 No Chg-P CR2E034 (11/05)

4. FEI Number  
52-0706667

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SO. PINE ISLAND RD.  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SHERMAN, DAVID A.  
STREET ADDRESS 7402 FAIRFAX ROAD  
CITY-ST-ZIP BETHESDA, MD 20814

TITLE SD  
NAME SHERMAN, TERRY  
STREET ADDRESS 7402 FAIRFAX ROAD  
CITY-ST-ZIP BETHESDA, MD 20814

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY A. SOPP CONTROLLER 4-28-06 (301) 470-1444

Date

Daytime Phone #