


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P93000056056</b> 1. Entity Name PINEY POINT PLANTATION, INC.	
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FILED

04 JAN 23 PM 12: 46

[Handwritten Signature]

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1904 W. NELSON CIRCLE TALLAHASSEE, FL 32303	Mailing Address P.O. BOX 3829 TALLAHASSEE, FL 32303
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01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3195950	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BANE, MARK C III  
 1904 W. NELSON CIRCLE  
 TALLAHASSEE, FL 32303

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BANE, MARK C III 1904 W. NELSON CIRCLE TALLAHASSEE, FL 32303
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mark C Bane III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/13/04

Daytime Phone # \_\_\_\_\_