

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000056056

1. Entity Name
PINEY POINT PLANTATION, INC.



Principal Place of Business
1904 W. NELSON CIRCLE
TALLAHASSEE, FL 32303

Mailing Address
P.O. BOX 3829
TALLAHASSEE, FL 32303

FILED

04 JAN 23 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3195950

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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, 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	PD
NAME	BANE, MARK C III
STREET ADDRESS	1904 W. NELSON CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	T
NAME	BANE, MARK C JR
STREET ADDRESS	1904 W. NELSON CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #