

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000007831**

1. Entity Name  
**PINEAPPLE WILLY'S, INC.**



Principal Place of Business  
**9875 S THOMAS DR  
PANAMA CITY BEACH, FL 32408 US**

Mailing Address  
**PO BOX 18040  
PANAMA CITY BEACH, FL 32417 US**

**DO NOT WRITE IN THIS SPACE**



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3221137**

Applied For  
Not Applicable

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

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

**BUSKELL, WILLIAM A  
9875 S THOMAS DR  
PANAMA CITY BEACH, FL 32408**

**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 \_\_\_\_\_ (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	P
NAME	BUSKELL, WILLIAM A
STREET ADDRESS	9875 S THOMAS DR
CITY - ST - ZIP	PANAMA CITY BEACH, FL
TITLE	S
NAME	BUSKELL, BARON
STREET ADDRESS	9875 S THOMAS DR
CITY - ST - ZIP	PANAMA CITY BEACH, FL
TITLE	T
NAME	BUSKELL, WILLIAM E
STREET ADDRESS	9875 S THOMAS DR
CITY - ST - ZIP	PANAMA CITY BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/08/06-80030-012 150.00

**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: William A. Buskell / William A. Buskell (850) 235-1212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

02/12/06