2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 08:00 A Secretary of State

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1. Entity Name

PINEAPPLE WILLY'S, INC.



Principal Place of Business

Mailing Address

9875 S THOMAS DR

PO BOX 18040

PANAMA CITY BEACH, FL 32408 US

PANAMA CITY BEACH, FL 32417



DO NOT WRITE IN THIS SPACE

04022008 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

SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) Part	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.									
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution 10. OFFICERS AND DIRECTORS IIILE PARME BUSKELL, WILLIAM A STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL TITLE S NAME BUSKELL, BARON STREET ADDRESS 9875 S THOMAS DR U00000884619 04/17/08-80051-008 150.00	SIGNATURE.									
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS IITLE P NAME BUSKELL, WILLIAM A STREET ADDRESS CITY-S1-ZIP PANAMA CITY BEACH, FL TILLE S NAME BUSKELL, BARON STREET ADDRESS 9875 S THOMAS DR U00000884619 04/17/08-80051-008 150.00										
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12. Thereby certify that the information supplied with this filling 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Nm 3. Burly WILLIAM E. SIGNATURE AND TYPED DE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. BUSKELL

4-2-08

Date

Daytime Phone #