2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000055860

1. Entity Name
PINE SHADOWS HANGER GROUP, INC.

Principal Place of Business
2864 RUNWAY ST.
N. FORT MYERS, FL 33917

Mailing Address
2864 RUNWAY ST.
N. FORT MYERS, FL 33917

DO NOT WRITE IN THIS SPACE

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0605538

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEXTER, LINCOLN A
94 SKYLINE DRIVE
NORTH FT MYERS, FL 33903

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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 Lincoln Dexter 1/5/05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DEXTER, LINCOLN A
STREET ADDRESS	94 SKYLINE DRIVE
CITY-ST-ZIP	NORTH FT MYERS, FL
TITLE	VPD
NAME	CAMPBELL, JOSEPH F
STREET ADDRESS	18658 BASE LEG AVE
CITY-ST-ZIP	N FT MYERS, FL
TITLE	D
NAME	STRICKLAND, JOHN
STREET ADDRESS	611 HENDERSON RD
CITY-ST-ZIP	BEL AIR, MD
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: John W. Strickland JOHN W. STRICKLAND Dir 1/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #