2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State
04-10-2006 90317 001 ***150.00

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1. Entity Name
PINES PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
19620 PINES BLVD, STE 205 PEMBROKE PINES, FL 33029 US	PO BOX 820100 SO. FLORIDA, FL 33082-0100 US

66011133

02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0518898
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS R. EVANS, JR.
19620 PINES BLVD, STE 205
PEMBROKE PINES, FL 33029

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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, 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	V
NAME	BOSQUE, THOMAS DEL
STREET ADDRESS	~~17704 SW 2ND ST~~ 19620 PINES BLVD
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	P
NAME	NEVERMAN, DONALD
STREET ADDRESS	~~17704 SW 2ND ST~~ 19620 PINES BLVD
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	ST
NAME	WITT, JAMES R.
STREET ADDRESS	~~17704 SW 2ND ST~~ 19620 PINES BLVD
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	D
NAME	EVANS, JR T R
STREET ADDRESS	~~17704 SW 2ND ST~~ 19620 PINES BLVD
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
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 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: _____ 4/19/06 954-438-6570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #