

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # P94000060362

1. Entity Name

PINES PROPERTY MANAGEMENT, INC.



Principal Place of Business

19620 PINES BLVD, STE 205
PEMBROKE PINES, FL 33029 US

Mailing Address

PO BOX 820100
SO. FLORIDA, FL 33082-0100 US



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0518898	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000653838
03/13/07-80038-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	BOSQUE, THOMAS DEL
STREET ADDRESS	19620 PINES BLVD
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	P
NAME	NEVERMAN, DONALD
STREET ADDRESS	19620 PINES BLVD
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	ST
NAME	WITT, JAMES R.
STREET ADDRESS	19620 PINES BLVD
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	D
NAME	EVANS, JR T R
STREET ADDRESS	19620 PINES BLVD
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THOMAS R. EVANS JR

2-23-07 954 438-6570