

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P95000053001</b> 1. Entity Name <b>PINNACLE CORPORATION OF NORTH FLORIDA</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATION 04 OCT -6 PM 1:50	
Principal Place of Business 2304 RANGE CRESCENT CT ORANGE PARK, FL 32003				Mailing Address 2304 RANGE CRESCENT CT ORANGE PARK, FL 32003			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BRYAN, RANDALL D 4580 JULINGTON CREEK ROAD JACKSONVILLE, FL 32256				Name <u>Same</u> Street Address (P.O. Box Number is Not Acceptable) <u>2304 Range Crescent Ct.</u> City <u>Orange Park</u> <b>FL</b> Zip Code <u>32003</u>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b> 10/1/04			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYAN, RANDALL D 4580 JULINGTON CREEK ROAD JACKSONVILLE, FL 32258			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>2304 Range Crescent Ct.</u> <u>Orange Park, FL 32003</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRYAN, JANICE 4580 JULINGTON CREEK ROAD JACKSONVILLE, FL 32258			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>same as above ↑</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600041947956 10/18/04--01007--007 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b> <u>Randall D Bryan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				9/22/04 904-655-2960 <small>Date Daytime Phone #</small>			

(✓ #3073 enclosed)