

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90831 022 ***150.00

DOCUMENT # P96000004326

1. Entity Name
PINNACLE REPORTING, INC.



Principal Place of Business
**616 CLEARWATER PARK RD
THE MONTECITO SUITE 801
WEST PALM BEACH, FL 33401 US**

Mailing Address
**616 CLEARWATER PARK RD
THE MONTECITO SUITE 801
WEST PALM BEACH, FL 33401 US**

40092705



2. Principal Place of Business - No P.O. Box #

2001 PB LAKES Blvd

3. Mailing Address

Suite, Apt. #, etc.

03192007 Chg-P CR2E034 (12/06)

City & State

West Palm Beach

City & State

FLA, 33409

4. FEI Number
65-0637268

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHNEIDER, JOHN C
616 CLEARWATER PARK RD
THE MONTECITO SUITE 801
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MEAGHER-DUBOIS, ANNE E**
CITY - ST - ZIP **2001 PALM BEACH LAKES BLVD, STE 300-L
WEST PALM BEACH, FL 33409**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

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: **Anne M. Dubois** **ANNE M. DUBOIS**

Date

4-25-07 561-723-8521

Daytime Phone #