

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90021 023 ***150.00

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1. Entity Name
PINEDA ENTERPRISES, INC.



Principal Place of Business
P.O. BOX 923
GOTHA, FL 34734

Mailing Address
P.O. BOX 923
GOTHA, FL 34734

40003348



DO NOT WRITE IN THIS SPACE

01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3406969

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PINEDA, RAYMOND
~~111 OBSERVATORY DRIVE~~ **9966 Heeron Pointe Dr.**
ORLANDO, FL ~~32835~~ **32832**

**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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
PINEDA, RAYMOND E
~~111 OBSERVATORY DRIVE~~ **9966 Heeron Pointe Dr.**
ORLANDO, FL ~~32835~~ **32832**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
PINEDA, GLENDA L
~~111 OBSERVATORY DRIVE~~ **9966 Heeron Pointe Dr.**
ORLANDO, FL ~~32835~~ **32832**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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IN THIS SPACE**

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: **x Glenda L. Pineda, Vice Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2005

Date

321-363-5244

Daytime Phone #