


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 -08:00 AM
Secretary of State

DOCUMENT # P97000005302 1. Entity Name PINE STREET SERVICE STATION, INC.	
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Principal Place of Business 905 SOUTH PINE AVENUE OCALA, FL 34474	Mailing Address 905 SOUTH PINE AVENUE OCALA, FL 34474
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DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0746406	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAMMUNI, JOSEPH 905 SOUTH PINE AVENUE OCALA, FL 34474
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000111775 04/13/04-80034-003 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUHANNAD, HASSAN A 905 SOUTH PINE AVENUE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMMUNI, JOSEPH 905 SOUTH PINE AVENUE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELNAJI, MOHAMMAD 905 SOUTH PINE AVENUE OCALA, FL 34474
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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 exemption stated in Section 119.07(3)(f), 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: Muhannad Hassan A. Rammuni 4/10/04 352 629 6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #