

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005302

FILED  
May 26, 2009  
Secretary of State

Entity Name: PINE STREET SERVICE STATION, INC.

**Current Principal Place of Business:**

905 SOUTH PINE AVENUE  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

905 SOUTH PINE AVENUE  
OCALA, FL 34474

**New Mailing Address:**

FEI Number: 65-0746406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMMUNI, JOSEPH  
905 SOUTH PINE AVENUE  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MUHANNAD, HASSAN A  
Address: 905 SOUTH PINE AVENUE  
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete  
Name: RAMMUNI, JOSEPH  
Address: 905 SOUTH PINE AVENUE  
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete  
Name: ELNAJI, MOHAMMAD  
Address: 905 SOUTH PINE AVENUE  
City-St-Zip: OCALA, FL 34474

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MUHANNAD HASSAN ALRAMAMNEH

D

05/26/2009

Electronic Signature of Signing Officer or Director

Date