

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90028 011 ***150.00

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|---|---|--|--|---|--|
| DOCUMENT # P97000069832 1. Entity Name PINSON COMMUNICATIONS, INC. | | | | | |
| Principal Place of Business 2655 MCCORMICK DR. CLEARWATER, FL 33759 | | | Mailing Address 2655 MCCORMICK DR. CLEARWATER, FL 33759 | | |
| 2. Principal Place of Business 146 Dunbar Ave Suite, Apt. #, etc. Suite D City & State Oldsmar FL Zip 34677 | | 3. Mailing Address 146 Dunbar Ave Suite, Apt. #, etc. Suite D City & State Oldsmar FL Zip 34677 | | | |
| 4. FEI Number 59-3469198 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PINSON, J MICHAEL 2693 BRAUMONT CT. CLEARWATER, FL 33761 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2693 Beaumont Ct 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: CEO 3/22/04 DATE: _____ <small>Signature, type or print name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVTS PINSON, MICHAEL J 2693 BEAUMONT CT CLEARWATER, FL 33761 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: CEO 3/22/04 DATE: _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |