2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000086838

PINNACLE DEVELOPMENT AND CONSTRUCTION, INC.



FILED Jan 31, 2004 08:00 AM Secretary of State

Principal Place of Business

86 SPRING VISTA DR

DEBARY, FL 32713 US

Mailing Address

86 SPRING VISTA DR

DEBARY, FL 32713

US



No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3511276 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and Address of	Current	Registered	Agent

BALLETTA, JAMES 301 E. PINE ST. STE. 1400

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ORLANDO	J, FL 32801		IN THIS STAGE			
	named entity submits this statement for the pations of registered agent.	ourpose of changing its registere	d office or r	egīstered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE, Registered	l Agent signature	required when reinstating)	DAYE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Finan- Trust Fund Contribution. 	cing 🔲	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GRAY, JOHN C JR. 86 SPRING VISTA DR STE 200 DEBARY, FL 32713	•			U00000024209 02/02/04-80056-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·	02/02/04-80056-017 150.00	
TITLE NAME STREET ADDRESS				50	NOT WOITE	

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12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

NING OFFICER OR DIRECTOR

John C. Gray

1/22/04

386-668-6600

Daytime Phone #