


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90025 033 \*\*\*150.00

<b>DOCUMENT # P98000022538</b>	
<b>1. Entity Name</b> PINNACLE GROUP OF SARASOTA, INC.	

<b>Principal Place of Business</b> 47 S PALM AVE 212 SARASOTA FL 34236 US	<b>Mailing Address</b> 333 LASLEY STREET POMEROY OH 45769 US
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<b>2. Principal Place of Business</b> 640 10th ST West Suite, Apt. #, etc.	<b>3. Mailing Address</b> 640 10th ST West Suite, Apt. #, etc.
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<b>City &amp; State</b> Palmetto FL	<b>City &amp; State</b> Palmetto
<b>Zip</b> 34221	<b>Country</b> USA

<b>4. FEI Number</b> 59-3495090	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> VAN VRANKEN, MATT 47 S PALM AVE 212 SARASOTA FL 34236	<b>7. Name and Address of New Registered Agent</b> Name: MATT C VAN VRANKEN Street Address (P.O. Box Number is Not Acceptable): 640 10th ST West City: Palmetto FL Zip Code: 34221
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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: MATT C VAN VRANKEN President 2/17/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN VRANKEN, MATT 47 S PALM AVE 212 SARASOTA FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VAN VRANKEN, HARVEY 333 LASLEY ST POMEROY OH 45769 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VAN VRANKEN, JUNE 333 LASLEY ST POMEROY OH 45769 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VILE President TRINA M. PROSHA 3420 8th Ave E Palmetto FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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: [Signature] 2-16-04 941-685-6132  
Signature and typed or printed name of signing officer or director Date Daytime Phone #