



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90015 015 ***150.00

DOCUMENT # P98000056499 1. Entity Name PINSONIC INVESTMENTS, INC.					
Principal Place of Business 112 CLUBHOUSE DRIVE #203-C PALM COAST, FL 32137			Mailing Address 112 CLUBHOUSE DRIVE #203-C PALM COAST, FL 32137		
2. Principal Place of Business 102 CLUBHOUSE DR. Suite, Apt. #, etc. UNIT # 208		3. Mailing Address 102 CLUBHOUSE DR. Suite, Apt. #, etc. UNIT # 208		40024662 	
City & State PALM COAST FL		City & State PALM COAST FL		4. FEI Number 59-3513666	
Zip 32137		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINSON, RICK R 112 CLUBHOUSE DR #203-C PALM COAST, FL 32137				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Rick R. Pinson</i></u> RICK R. Pinson <u>3/01/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P PINSON, RICK R 112 CLUBHOUSE DR #203-C PALM COAST, FL 32137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PINSON, KATHLEEN Q 112 CLUBHOUSE DR #203-C PALM COAST, FL 32137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Rick R. Pinson</i></u> RICK R. Pinson <u>3/01/06</u> <u>(386) 446-5794</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					