

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000079463					
1. Entity Name PINE ISLAND EXC. CO.					
Principal Place of Business 4527 LAKE HEATHER CIR ST JAMES CITY FL 33956			Mailing Address 4527 LAKE HEATHER CIR ST JAMES CITY FL 33956		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0868739	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WENSINK, WILLIAM A 4527 LAKE HEATHER CIR ST JAMES CITY FL 33956				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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 _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	WENSIK, WILLIAM A		NAME		
STREET ADDRESS	4527 LAKE HEATHER CIR		STREET ADDRESS		
CITY-ST-ZIP	SAINT JAMES CITY FL 33956		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	DEUTSCH, STEVEN		NAME		
STREET ADDRESS	11910 POMPAO AVE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 11910		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	WENSINK, J E		NAME		
STREET ADDRESS	4527 LAKE HEATHER CIR		STREET ADDRESS		
CITY-ST-ZIP	SAINT JAMES CITY FL 33956		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0868739**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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Make Check Payable to Florida Department of State

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NAME WENSIK, WILLIAM A
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CITY-ST-ZIP SAINT JAMES CITY FL 33956

☐ Change ☐ Add
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☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: W.A. Wensink 2/3/06 339/7706296