


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90106 001 ****75.00
04-13-2005 90106 002 ****75.00

DOCUMENT # P98000107058 1. Entity Name PINEBROOK-PARK PLACE, INC.	
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Principal Place of Business 29656 US 19 NORTH, SUITE 100 CLEARWATER, FL 33761	Mailing Address 29656 US 19 NORTH, SUITE 100 CLEARWATER, FL 33761
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03102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2749685	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GENTILE, MICHAEL
29656 US 19 NORTH, SUITE 100
CLEARWATER, FL 33761

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINIERI, CARL A 29656 US 19 NORTH, SUITE 100 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GENTILE, MICHAEL 29656 US HWY 19 NORTH, STE 100 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MINIERI, CARL N 29656 US HWY 19 NORTH, STE 100 CLEARWATER, FL 33761
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IN THIS SPACE**

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: Michael G Gentile 4/8/05 722-787-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #