

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90434 001 *****75.00
04-26-2007 90434 002 *****75.00

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04162007 Chg-P CR2E034 (12/06)

DOCUMENT # P98000107058 1. Entity Name PINEBROOK-PARK PLACE, INC.					
Principal Place of Business 29656 US 19 NORTH, SUITE 100 CLEARWATER, FL 33761			Mailing Address 29656 US 19 NORTH, SUITE 100 CLEARWATER, FL 33761		
2. Principal Place of Business - No P.O. Box # 28059 US Hwy 19 N		3. Mailing Address 28059 US Hwy 19 N.			
Suite, Apt. #, etc. #302		Suite, Apt. #, etc. #302			
City & State Clearwater, FL.		City & State Clearwater, FL		4. FEI Number 59-2749685	
Zip 33761		Country Pinellas		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		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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> SIGNATURE <u><i>Michael Gentile Pres.</i></u> <small>Signature typed or printed name of registered agent and filed applicable (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> 04/24/07 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D MINIERI, CARL A 29656 US 19 NORTH, SUITE 100 CLEARWATER, FL 33761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GENTILE, MICHAEL 29656 US HWY 19 NORTH, STE 100 CLEARWATER, FL 33761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MINIERI, CARL N 29656 US HWY 19 NORTH, STE 100 CLEARWATER, FL 33761	<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>Michael Gentile</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			Date: 04/24/07 Daytime Phone #: 727-725-9999		