2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000004334

1. Entity Name
PINEEARTH FORESTRY, INC.

Principal Place of Business	Mailing Address
20991 NE HWY 27 WILLISTON, FL 32696	P.O. DRAWER 640 WILLISTON, FL 32696

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03072006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3549361

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

CHAMBERLAIN, STEVEN M
618 NE 1ST ST.
GAINESVILLE, FL 32601-5305

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required where indicated)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000479513
04/10/06-00007-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HODGE, EDWARD C
STREET ADDRESS	4351 NE 176TH AVE
CITY ST ZIP	WILLISTON, FL 32696
TITLE	VP
NAME	HODGE, JOHN T
STREET ADDRESS	P.O. BOX 221
CITY ST ZIP	WILLISTON, FL 32696
TITLE	S
NAME	HODGE, JULIE D
STREET ADDRESS	4351 NE 176TH AVE
CITY ST ZIP	WILLISTON, FL 32696
TITLE	T
NAME	HODGE, CHRISTINE D
STREET ADDRESS	P.O. BOX 221
CITY ST ZIP	WILLISTON, FL 32696
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

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 Julie Hodge Julie Hodge 3/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date