


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P99000034793</b> 1. Entity Name PINE FOREST HOSPITALITY, INC.	
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Principal Place of Business 8690 PINE FOREST ROAD PENSACOLA, FL 32534	Mailing Address 2031 HESPERIA WAY PENSACOLA, FL 32505
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**DO NOT WRITE IN THIS SPACE**



02172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3563995	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

PATEL, MAHENDRA M  
2031 HESPERIA WAY  
PENSACOLA, FL 32505

**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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>	U000000833751 02/28/08-80025-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, MAHENDRA M 2031 HESPERIA WAY PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, NARESH M 4103 ST GEORGE PL TURLOCK, GA 95382
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Mahendra M Patel 01-17-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 850-476-8989