

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000107823

FILED
Apr 18, 2006
Secretary of State

Entity Name: PINE ISLAND PROPERTIES GROUP, INC.

Current Principal Place of Business:

2381 OLEANDER ST
ST. JAMES CITY, FL 33956

New Principal Place of Business:

Current Mailing Address:

PO BOX 807
ST. JAMES CITY, FL 33956

New Mailing Address:

FEI Number: 65-0966940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWLS, SUELLEN
11066 MATLACHA AVE
MATLACHA, FL 33993 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLEN, BEVERLY J
Address: 11066 MATLACHA AVENUE
City-St-Zip: MATLACHA, FL 33993

Title: D () Delete
Name: ROWLS, SUELLEN
Address: 11066 MATLACHA AVENUE
City-St-Zip: MATLACHA, FL 33993

Title: D (X) Delete
Name: BRUNER, HAROLD
Address: 2928 BUTTONWOOD KEY COURT
City-St-Zip: ST, JAMES CITY, FL 33956

Title: D (X) Delete
Name: BRUNER, DEBORAH
Address: 2928 BUTTONWOOD KEY COURT
City-St-Zip: ST. JAMES CITY, FL 33956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUELLEN ROWLS

D

04/18/2006

Electronic Signature of Signing Officer or Director

Date