


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # S51874 1. Entity Name PINEBROOK PLAZA INC.	
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Principal Place of Business 2 N TAMiami TRAIL STE 210 SARASOTA, FL 34236 US	Mailing Address 2 N TAMiami TRAIL STE 210 SARASOTA, FL 34236 US
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04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0266482	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WOLF, RON
2 NO TAMiami TRAIL STE 210
SARASOTA, FL 34236

**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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOLF, NORTON P 700 RICHMOND ST, STE 410 LONDON ONT., CA
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLF, RON 700 RICHMOND ST, STE 410 LONDON ONT., CA
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP YATES, NANCY L 2 N. TAMiami TRAIL STE 210 SARASOTA, FL 34236
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	JVP HALL, JOAN 700 R RICHMON ST STE 410 LONDON, FL n 6a5c7
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/19/05-80029-011 150.00

**DO NOT WRITE
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: Nancy Yates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-05 941-954-2300
Date Daytime Phone #