2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNATURE OR DIRECTOR

DOCUMENT # \$76090  1. Entity Name PINE CONE TRAILERS, INC.								Mar 10, 2004 08:00 AM Secretary of State	
Principal Plac 4194 S KIRI LAKE WOR	K RD.		4194 #22	LAKE WORTH FL 33461					
2. Principal P	Place of Busin	ess	3. Ma	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apr. #, etc.					MOORE CR2E034 (11/03)	
City & State			City	City & State			4.	. FEI Number 65-0292272 Applied For Not Applied by Applied For Not Applied by	
Zip Country		Zip	Zip Cou		try	5.	. Certificate of Status Desired See Required Fee Required		
	6. Name	and Address of Currer	t Registere	ed Agent			7.	Name and Address of New Registered Agent	
MCCOY, TOM J. 4194 SO. KIRK ROAD #22 LAKE WORTH FL 33461					Name Street Address (P.O. Box Number is Not Acceptable)				
						City		FL Zip Code	
	tions of regis					 ed office of regi		agent, or both, in the State of Florida. I am familiar with, and accep	
Afte Make Check	r May 1, 20	!! FEE IS \$150.00 04 Fee will be \$550.00 o Florida Department	of State				,	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees	
TO.  TITLE NAME STREET ADDRESS CITY - ST- ZIP	ł.	OFFICERS AN FOM J. KIRK RD #22 RTH FL 33461	D DIRECTO	☐ Celete		į		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZP		,		☐ Detete		1		☐ Change ☐ Additio U00000084023 03/18/04-80060-019 150.00 _	
TITLE MAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	- 8	1		☐ Change ☐ Additio	
HILE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		}		☐ Change ☐ Additio	
THILE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Additio	
RTLE NAME STREET ADDRESS CRY-ST-ZIP				☐ De/ete	CITY	E ET ADDRESS -ST-ZIP		☐ Change ☐ Additio	
12. I hereby indicated of the co-	certify that the don this reportion or t poration or t d, or on an att	e information supplied w it or supplemental report he receiver or trustee em achment with an address	ith this filing is true and powered to s, with all of	does not qualify for accurate and that if execute this report are like empowered	r the exe my signa as requi	mption stated in ture shall have red by Chapter	n Section the same 607, Fig	on 119.07(3)(i), Florida Statutes. I further certify that the information be legal affect as if made under oath, that I am an officer or director forida Statutes; and that my name appears in Block 10 or Block 11 if	

**FILED** 

3/8/04 561-965-4897