


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 28, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # V04858</b> 1. Entity Name PINWOOD TEXACO, INC.	
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Principal Place of Business 645 WEST BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33426	Mailing Address 645 WEST BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33426
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01162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0301870	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**

SANCHEZ, SANTIAGO  
645 WEST BOYNTON BEACH BLVD.  
BOYNTON BEACH, FL 33426

**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 releasing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

UD00000135335  
04/28/04-80054-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SANCHEZ, SANTIAGO
STREET ADDRESS	645 W. BOYNTON BCH BLVD
CITY-ST-ZIP	BOYNTON BEACH, FL

TITLE	D
NAME	SANCHEZ, PEGGY D.
STREET ADDRESS	645 W. BOYNTON BCH BLVD
CITY-ST-ZIP	BOYNTON BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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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 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:** SANTIAGO SANCHEZ 4-22-04 (J61) 732-2079  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #