## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000081526

FILED Apr 26, 2006 Secretary of State

Entity Name: FAMILY SERVICES OF PINELLAS COUNTY, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
8302 HIG UITE 114 AMPA, F		RES. PKWY		
urrent M	ailing Addre	ss:	New Mailing Addres	ss:
	HWOODS PF	RES. PKWY		
UITE 114 AMPA, F		S		
El Number	: 59-3340181	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
	RDT, J. MATT RT STREET	HEW ESQ		
	ATER, FL 337	756 US		
LEARWA	ATER, FL 337		purpose of changing its registere	ed office or registered agent, or both,
LEARWA	ATER, FL 337 named entity of Florida.		purpose of changing its registere	ed office or registered agent, or both,
LEARWA he above the State	ATER, FL 337 named entity e of Florida. RE:			ed office or registered agent, or both,  Date
LEARWA he above the State	ATER, FL 337 named entity of Florida. RE: Electro	submits this statement for the		
tLEARWA he above the State IGNATUI lection Car	ATER, FL 337 named entity of Florida. RE: Electro	submits this statement for the nic Signature of Registered Ag	ent	
tLEARWA he above the State IGNATUI lection Car	named entity of Florida.  RE: Electro  mpaign Financir  S AND DIRECTOR  PD ( PICCIANO, JC	submits this statement for the nic Signature of Registered Age of Trust Fund Contribution ( ).  CTORS:  ) Delete OHN I TRAIL NORTH, SUITE 207	ent	Date
LEARWA he above the State IGNATUR ection Car FFICER: ttle: ame: ddress:	named entity of Florida.  RE: Electro  mpaign Financir  S AND DIRECT  PD ( PICCIANO, JC 3401 TAMIAM NAPLES, FL : SD ( O'SHEA, JAME	submits this statement for the nic Signature of Registered Againg Trust Fund Contribution ( ).  CTORS:  ) Delete  HIN  I TRAIL NORTH, SUITE 207  34103  ) Delete ES  I TRAIL NORTH, SUITE 207	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: JOHN PICCIANO P 04/26/2006