


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90033 024 ***150.00

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| DOCUMENT # 215376 | |  |
| 1. Entity Name C F D OF PINELLAS INC. | | |

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| Principal Place of Business 1620 FIRST AVENUE N. P.O. BOX 10116 ST PETERSBURG, FL 33733 | Mailing Address P.O. BOX 10116 ST PETERSBURG, FL 33733 |
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50001103



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|---|---------------------------------------|
| 2. Principal Place of Business - No P.O. Box # 6901 28TH ST S. | 3. Mailing Address 6901 28TH ST S. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

01052007 Chg-P CR2E034 (12/06)

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|-----------------------------------|-----------------------------------|
| City & State St. Petersburg FL | City & State St. Petersburg FL |
| Zip 33712 | Zip 33712 |
| Country US | Country US |

| | |
|--|--|
| 4. FEI Number 59-0839841 | Applied For <input type="checkbox"/> Not Applicable |
| 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 DEUEL, C. FRED 6901 28TH ST, S ST PETERSBURG, FL 33712 |
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|--|
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD DEUEL, C. FRED 6901 28TH ST S ST PETERSBURG, FL 33712 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD CURRAN, LESLIE 6901-28 ST. SO SAINT PETERSBURG, FL 33712 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DEUEL, MARY LOU 6901 28 ST S ST PETERSBURG, FL 33712 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD MOORE, CAROL L 5254 23RD AVENUE N. ST PETERSBURG, FL 33710 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X [Signature] 1/16/07 727-867-5234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #