

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90183 029 \*\*\*\*70.00

**DOCUMENT # 703321**

1. Entity Name  
**PINELLAS ASSOCIATION OF INSURANCE AGENTS, INC.**



Principal Place of Business  
**1545 S. HIGHLAND AVE.  
#273  
CLEARWATER, FL 33756**

Mailing Address  
**1545 S. HIGHLAND AVE.  
#273  
CLEARWATER, FL 33756**

**40002143**



01082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-1966136**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANCHARD, GEORGE F.  
1543 S. HIGHLAND AVE.  
#273  
CLEARWATER, FL 33756**

*CORRECT*

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1545 S. Highland Ave.**

City

**FL**

Zip Code

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **WASSON, CHARLES**  
STREET ADDRESS **11309 STARKEY ROAD**  
CITY-ST-ZIP **LARGO, FL 33773**

TITLE **President** ☐ Change ☒ Addition  
NAME **David Jones**  
STREET ADDRESS **800 49th Street N.**  
CITY-ST-ZIP **St. Petersburg, FL 33710**

TITLE **D** ☒ Delete  
NAME **PARENTI, JAMES**  
STREET ADDRESS **2433 GULF TO BAY BLVD.**  
CITY-ST-ZIP **CLEARWATER, FL 33758**

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **James Grobmyer**  
STREET ADDRESS **12080 S. Belcher Road**  
CITY-ST-ZIP **Largo, FL 33733**

TITLE **D** ☒ Delete  
NAME **YOUNG, TROY**  
STREET ADDRESS **4790 FIRST STREET N**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33703**

TITLE **Secretary/Treasurer** ☒ Change ☐ Addition  
NAME **Troy Young**  
STREET ADDRESS **4790 First Street N.**  
CITY-ST-ZIP **St. Petersburg, FL 33703**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 617, 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:** *George F. Blanchard* **George F. Blanchard 1-13-07 727 797 5193**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #