


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 730930 1. Entity Name PINELLAS ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS, INC.	
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Principal Place of Business 11621 SEMINOLE BLVD SEMINOLE, FL 33708 US	Mailing Address P.O. BOX 62 CLEARWATER, FL 33757
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01212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1693382	Applied For <input type="checkbox"/> Not Applicable
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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 CREVELLO, PAUL 11621 SEMINOLE BLVD SEMINOLE, FL 33708

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and fee if applicable.

**Filing Fee is \$61.25
Due by May 1, 2004**

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

U000000126319
04/23/04-80029-007 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREVELLO, PAUL F 11621 SEMINOLE BLVD. SEMINOLE, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOWNSEND, DEMARCY 2002 N. LOIS AVENUE, #400 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPARD, GARY 615 S. MISSOURI AVENUE #1 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAKE, SCOTT E 615 S MISSOURI AVE #1 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, CRAIG 2745 SR 580 #101 CELARWATER, FL 33761
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 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:  **4/21/04** **7274490726**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #