
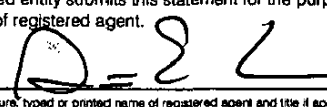
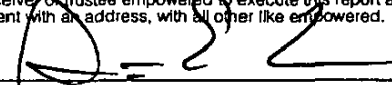


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90401 026 \*\*\*\*61.25

<b>DOCUMENT # 730930</b> 1. Entity Name <b>PINELLAS ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS, INC.</b>					
Principal Place of Business <b>11621 SEMINOLE BLVD SEMINOLE, FL 33708 US</b>			Mailing Address <b>P.O. BOX 62 CLEARWATER, FL 33757</b>		
2. Principal Place of Business <b>557 S. Duncan Ave.</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Clearwater FL</b>		City & State		4. FEI Number <b>59-1693382</b>	
Zip <b>33752</b>		Country <b>Pinellas</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CREVELLO, PAUL 11621 SEMINOLE BLVD SEMINOLE, FL 33708</b>			7. Name and Address of New Registered Agent Name <b>Scott E. Lake</b> Street Address (P.O. Box Number is Not Acceptable) <b>557 S. Duncan Ave.</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33756</b>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4/21/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREVELLO, PAUL F 11621 SEMINOLE BLVD. SEMINOLE, FL 33708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOWNSEND, DEMARCY 2002 N. LOIS AVENUE, #400 TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPARD, GARY 615 S. MISSOURI AVENUE #1 CLEARWATER, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>557 S. Duncan Ave Clearwater FL 33756</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAKE, SCOTT E 615 S MISSOURI AVE #1 CLEARWATER, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>557 S. Duncan Ave Clearwater FL 33756</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, CRAIG 2745 SR 580 #101 CELARWATER, FL 33761	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4/21/06</b> Daytime Phone # <b>7274490728</b>	

40057826



01092006 Chg-NP CR2E037 (11/05)