
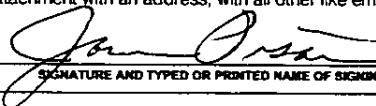


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90054 029 \*\*\*\*61.25  
07-14-2008 90031 018 \*\*\*\*61.25

<b>DOCUMENT # 736287</b> 1. Entity Name <b>PINELLAS EXECUTIVES' ASSOCIATION, INC.</b>					
Principal Place of Business <b>1651 COBBLE CT. PALM HARBOR, FL 34683 US</b>			Mailing Address <b>1651 COBBLE CT. PALM HARBOR, FL 34683 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1677396</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PISANI, JAMES P 1801 HERCULES AVE N CLEARWATER, FL 34625</b>				7. Name and Address of New Registered Agent Name <b>J</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<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	<b>P NAGELE, LANITA 11533 US HWY 19N CLEARWATER, FL 33764</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST PISANI, JAMES P 1810 HERCULES AVENUE, NORTH CLEARWATER, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP HERMAN, RANDY 18167 US HWY 19N CLEARWATER, FL 33764</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DAY, RON 1277 SOUTH HIGHLAND AVE CLEARWATER, FL 33756</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D NAGELE, LANITA 11533 US HWY 19 N. CLEARWATER, FL 33764</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HADWIN, JUDY 1345 MISSOURI AVENUE SOUTH, SUITE 110 CLEARWATER, FL 33756</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P JEFFREY, JACK 1985 DREW ST. CLEARWATER, FL 33765</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP WHITE, DAVE 2030 WEAVER PARK DR CLEARWATER, FL 33765</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DOUG HILKERT 2557 NURSERY RD - STE. A CLEARWATER, FL 33764</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LU CUSHING 4100 EAST BAY DR. B-36 CLEARWATER, FL 33764</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D STEVE SQUITIRO 1492 OVERCASH DR. DUNEDIN, FL 34698</b>	<input checked="" 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.					
<b>SIGNATURE:</b>  <b>JAMES PISANI</b> <b>7-10-08</b> <b>727-442-7113</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					