

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90031 006 \*\*\*\*61.25

**DOCUMENT # 760013**

1. Entity Name  
**PASS-A-GRILLE BEACH MOTEL, INC.**



Principal Place of Business  
**709 GULF WAY  
P.O. BOX 46834  
PASS-A-GRILLE, FL 33706**

Mailing Address  
**C/O LAMONT MANAGEMENT  
250 104TH AVENUE  
TREASURE ISLAND, FL 33706 US**

40040311



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

01032008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2168010**

Applied For  
Not Applicable

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

**ZACUR, RICHARD A  
5200 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707**

Name

Street Address (P.O. Box Number is Not Acceptable)

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, 2008**

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 **P** ☒ Delete  
NAME **EIMAN, TIM**  
STREET ADDRESS **2846 ROE HAMPTON CLOSE**  
CITY-ST-ZIP **TARPON SPRINGS, FL 34688**

TITLE **P** ☐ Change ☐ Addition  
NAME **KINNE, JANET**  
STREET ADDRESS **2900 E VINA DEL MAR**  
CITY-ST-ZIP **ST PETE BEACH FL 33706**

TITLE **VD** ☐ Delete  
NAME **HOLBROCK, JOHN**  
STREET ADDRESS **550 S. D STREET**  
CITY-ST-ZIP **HAMILTON, OH 45013**

TITLE **ST** ☐ Change ☐ Addition  
NAME **STURGEON, BRENDA**  
STREET ADDRESS **6762 E COUNTY RD 750 S**  
CITY-ST-ZIP **MOORESVILLE IN 46158**

TITLE **ST** ☒ Delete  
NAME **KINNE, JANET**  
STREET ADDRESS **2900 E. VINA DEL MAR**  
CITY-ST-ZIP **ST. PETE BEACH, FL 33706**

TITLE **T** ☒ Delete  
NAME **SMITH, JUDITH**  
STREET ADDRESS **1880 LYNBROOK DRIVE**  
CITY-ST-ZIP **TOLEDO, OH 43614**

TITLE **T** ☒ Delete  
NAME **SMITH, JUDITH**  
STREET ADDRESS **1880 LYNBROOK DRIVE**  
CITY-ST-ZIP **TOLEDO, OH 43614**

TITLE **T** ☐ Change ☐ Addition  
NAME **SMITH, JUDITH**  
STREET ADDRESS **1880 LYNBROOK DRIVE**  
CITY-ST-ZIP **TOLEDO, OH 43614**

TITLE **D** ☐ Delete  
NAME **SMITH, DAVID**  
STREET ADDRESS **1880 LYNBROOK DR**  
CITY-ST-ZIP **TOLEDO OHIO 43614**

TITLE **D** ☐ Change ☐ Addition  
NAME **SMITH, DAVID**  
STREET ADDRESS **1880 LYNBROOK DR**  
CITY-ST-ZIP **TOLEDO OHIO 43614**

TITLE **D** ☐ Delete  
NAME **JONES, PIERRE**  
STREET ADDRESS **9102 176th ST NW**  
CITY-ST-ZIP **STANWOOD WA 98292**

TITLE **D** ☐ Change ☐ Addition  
NAME **JONES, PIERRE**  
STREET ADDRESS **9102 176th ST NW**  
CITY-ST-ZIP **STANWOOD WA 98292**

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:

*Janet Kinne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/08

Date

727-360-1000

Daytime Phone #