


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F27180 1. Entity Name PINELLAS RUBBER STAMP & ENGRAVING CO., INC.	
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Principal Place of Business 10861 -75TH ST N. LARGO, FL 33777 US	Mailing Address 10861 -75TH ST N. LARGO, FL 33777 US
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01262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2074687	Applied For 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 MAUREEN, SHARKEY 10861 -75TH ST N LARGO, FL 33777
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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)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARKER, PATRICIA 730 ROSER PK DR SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEIBEL, ROSEANN 13815 -84TH TERR N. SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARKEY, MAUREEN 1387 VENTNOR AVE. TARPOON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GODIN, THERESA 13815-84TH TERRACE NORTH SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/01/07-80063-022 150.00

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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 607, 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: <u>Maureen Sharkey</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>2-7-07</u> Date	Daytime Phone #
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