2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 16, 2005 08:00 AM Secretary of State

DOCUMENT # H20611 1. Entity Name J.E.G. OF PINELLAS, INC.				Secretary of State
Principal Plac	e of Business	Mailing Address		
10781 75TH ST. N. LARGO FL 33777 US		10781 75TH ST. N. LARGO FL 33777 US		I law(a), when there have a liter treat will allow briefs arise. But it affer weathers it laws
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2. Principal Place of Business		3. Mailing Address) DERIVALI BIJER KIREN BERKE BIJERU BERKE BIJERU KARA BIJERU BAHAR BIJERU BAHAR BIJERU BAHAR BIJERU BAHAR BIJER
Suite, Apt. #, etc.		Suite, Apt #, etc.		1st MOORE CR2E034 (10/04)
City & Stat	te	City & State		4. FEI Number 59-2446431 Applied For Not Applicable
Zip	Country	Zip	Country	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
			Name	
GROSS, JOSEPH E. 9083 BAYWOOD PARK DRIVE SEMINOLE FL 33777			ss (P.O. Box Number is Not Acceptable)	
SEN	MINOLE PL 33111			
			City	FL Zip Code
8. The above named entity submits thus 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 late if applicable (NOTE, Registered Agent signature required when registering) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND	DIRECTORS ==	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P	☐ Delete	urce	☐ Change ☐ Addition
Name	GROSS, JOSEPH E.		NAME	000000231982
STREET ADDRESS CITY-ST-ZIP	9083 BAYWOOD PARK DRIVE SEMINOLE FL 33777		STREET ADDRESS CITY-ST-ZIP	02/16/05-80049-019 150.00
TITLE	ST	☐ Delete	HILE	☐ Change ☐ Addition
NAME	GROSS, TERRI S.		NAME	
STREET ADDRESS CITY- ST-ZIP	9083 BAYWOOD PARK DRIVE SEMINOLE FL 33777	ئ. ب خارات	STREET ADDRESS	}
TITLE	SERVINOLE I-L 33777	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		L_I Delete	NAME	C cumile C veriller
STREET ADDRESS			STREET ADDRESS	}
CITY - ST - ZIP			CITY ST-ZIP	·
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		 	CITY-ST-ZIP	
HILE		☐ Delete	TITLE NAME	☐ Change ☐ Addition
name Street address			STREET ADDRESS	
CITY ST-ZIP		۰	- CITY-ST-ZIP	
TITLE		☐ Delete	INTE	☐ Change ☐ Addition
NAME .			NAME	}
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
12. Thereby 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				

12. Thereby certify that the information supplied with this filling goes not quality for the extension stated in Section 119.07(3)(f), Florida Statutes. 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:

STONATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

2/14/00 (707) 546-7900