2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # H20611 1. Entity Name J.E.G. OF PINELLAS, INC. Principal Place of Business Mailing Address 10781 75TH ST. N. LARGO FL 33777 10781 75TH ST. N. LARGO FL 33777 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2446431 Not Applic = Zip Country Zıσ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GROSS, JOSEPH E. 9083 BAYWOOD PARK DRIVE Street Address (P.O. Box Number is Not Acceptable) SEMINOLE FL 33777 City 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed traine of registered agent and lifts it applicable (NOTE: Registered Agent signature required when revisitating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5 After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Detete TITLE ☐ Change The state of NAME GROSS, JOSEPH E. NAME STREET ADDRESS 9083 BAYWOOD PARK DRIVE STREET ADDRESS SEMINOLE FL 33777 CITY-ST-7/P CKY-ST-70 TITLE ST Delete Change TITLE A. A. U00000494991 04/20/06-80067-024 150.00 NAME GROSS, TERRI S. NAME STREET ADDRESS 9083 BAYWOOD PARK DRIVE STREET ADDRESS CITY-ST-ZIP SEMINOLE FL 33777 CITY-ST-ZIP TITLE Delete ☐ Change 🔲 Arkiiii TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete HIDE ☐ Change ☐ Adding MAME STREET ADDRESS STRECT ADDRESS City-SI-ZiP CITY-ST-ZIP T3T3 F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP THE Delete ☐ Change Add:: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; 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 as other like empowered.

FILED