2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# H28755

Entity Name: J. T. C. OF PINELLAS, INC.

Current Principal Place of Business:

3446 EASTLAKE RD
212
PALM HARBOR, FL 34685 US

New Principal Place of Business:

1956 LAGO VISTA BLVD
PALM HARBOR, FL 34685 US

Current Mailing Address:

3446 EASTLAKE RD
212
PALM HARBOR, FL 34685 US

New Mailing Address:

1956 LAGO VISTA BLVD
PALM HARBOR, FL 34685 US

FEI Number: 59-2462931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAVE, CARYNN
1956 LAGO VISTA BLVD
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

THOMPSON, CARYNN C MRS
1956 LAGO VISTA BLVD
PALM HARBOR, FL 34685 US

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.

SIGNATURE: CARYNN CAVE THOMPSON 04/06/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: CAVE, JEANETTE B,
Address: 3057 BROOKFIELD LANE
City-St-Zip: CLEARWATER, FL 33761

Title: PD ( ) Delete
Name: CAVE, CARYNN
Address: 1956 LAGO VISTA BLVD
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: THOMPSON, CARYNN C MRS
Address: 1956 LAGO VISTA BLVD
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARYNN CAVE THOMPSON PD 04/06/2005
Electronic Signature of Signing Officer or Director Date