


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

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| DOCUMENT # H72169 |  |
| 1. Entity Name OTC OF PINELLAS, INC. | |

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| Principal Place of Business 21 SECOND AVENUE N.E. LARGO, FL 33770 | Mailing Address PO BOX 1523 LARGO, FL 33779 |
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DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2584816 | Applied For <input type="checkbox"/> Not Applicable |
| 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 CAPONE, BRUCE 3330 SUMMERFIELD CV. PALM HARBOR, FL 34683 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | DP CAPONE, BRUCE E. PO BOX 1523 LARGO, FL 33779 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CAPONE, ROBIN PO BOX 1523 LARGO, FL 33779 |
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05/06/05-80028-012 150.00

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IN THIS SPACE**

12. I hereby 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 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: Robin Capone Robin Capone 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #