

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 10, 2008 08:00 AM
Secretary of State**

DOCUMENT # J43105

1. Entity Name
DOYLE ENTERPRISES OF PINELLAS COUNTY, INC.



Principal Place of Business

**8799 BARDMOOR BLVD
#101
LARGO, FL 33777 US**

Mailing Address

**% JOHN P. DOYLE
PO BOX 28043
ST. PETERSBURG, FL 33709 US**

DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2738818

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOYLE, JOHN P
8799 BANDMOOR BLVD
#101
SEMINOLE, FL 33777**

**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

John P. Doyle

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

1/8/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DOYLE, JOHN P.
STREET ADDRESS	8799 BARDMOOR BLVD
CITY-ST-ZIP	LARGO, FL 33777
TITLE	S
NAME	DOYLE, GEORGIANNE
STREET ADDRESS	8799 BARDMOOR BLVD
CITY-ST-ZIP	LARGO, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000777959
01/10/08-80028-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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

John P. Doyle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08

DATE

727-394-8227

Daytime Phone #