

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J64589

1. Entity Name
PINELLAS MARCITE FINISHERS, INC.



Principal Place of Business
3513 ITHACA STREET N
ST PETERSBURG, FL 33713 US

Mailing Address
2700 1ST AVE N
ST PETERSBURG, FL 33713-8724 US

DO NOT WRITE IN THIS SPACE



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2775354

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DENHARDT, JAMES W.
2700 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33713

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

000000958729
09/02/08-80004-005 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
FORTENBERY, STEVEN M.
3513 ITHACA ST NORTH
ST. PETERSBURG, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPS
FORTENBERY, SUE
3513 - ITHACA ST. N.
ST. PETERBURG, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
FORTENBERY, MICHAEL
4457 CRESTWOOD DR N
SAINT PETERSBURG, FL 33714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/08

Date

727-526-1596

Daytime Phone #