

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K68517

FILED
Mar 26, 2009
Secretary of State

Entity Name: PINELLAS AUTO RADIATOR AND AIR CONDITIONING, INC.

Current Principal Place of Business:

209 E LEMON ST
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

209 E LEMON ST
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-2951982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPAROTO, PAUL M. & DARLENE
209 E LEMON ST
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: LIPAROTO, PAUL,
Address: 376 SHEFFIELD CIR
City-St-Zip: PALM HARBOR, FL

Title: VTD () Delete
Name: LIPAROTO, DARLENE,
Address: 376 SHEFFIELD CIR
City-St-Zip: PALM HARBOR, FL

Title: TRES () Delete
Name: TITCOMB, SHANNAN M
Address: 1781 PAINTED BUNTING CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: S () Delete
Name: LIPARATO, PAUL J
Address: 335 MADE CT
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: LIPAROTO, PAUL,
Address: 376 SHEFFIELD CIR
City-St-Zip: PALM HARBOR, FL 34683

Title: VTD (X) Change () Addition
Name: LIPAROTO, DARLENE,
Address: 376 SHEFFIELD CIR
City-St-Zip: PALM HARBOR, FL 34683

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

Title: S (X) Change () Addition
Name: LIPARATO, PAUL J
Address: 335 MAE CT
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHANNAN M TITCOMB

TRES

03/26/2009

Electronic Signature of Signing Officer or Director

Date