

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003642

Entity Name: STORM SURGE OF PINELLAS, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

2872 SEA PINES CIR W
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

2872 SEA PINES CIR W
CLEARWATER, FL 33761

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENTZ, ROBERT L
2872 SEA PINES CIR W
CLEARWATER, FL 33761

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BEERS, DENISE M
Address: 767 HOUSE WREN
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: BENTZ, ROBERT L
Address: 2872 SEA PINES CIR W
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: SMITH, MIKE
Address: 2197 BRENT PLACE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. BENTZ

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date