

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90176 038 \*\*\*\*61.25

**50047913**



<b>DOCUMENT # N29757</b> 1. Entity Name <b>PINELLAS TRAILS, INC.</b>					
Principal Place of Business <b>P.O. BOX 356 CLEARWATER, FL 33757 US</b>			Mailing Address <b>P.O. BOX 356 CLEARWATER, FL 34615 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2935112</b>	
		<b>33757</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SCHOLDERER, SALLY M 1282 WEYBRIDGE LANE DUNEDIN, FL 34698</b>				Name <b>Green, Fred W.</b> Street Address (P.O. Box Number is Not Acceptable) <b>119 Harbor View Lane</b> City <b>Belleair Bluffs</b> <b>FL</b> Zip Code <b>33770</b>	
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 <i>Fred W. Green</i> <small>(Signature, typed or printed name of registered agent and title if applicable)</small>		<i>+ treasurer</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>5/2/05</b>	
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOLDERER, SALLY M TREASUR		NAME	Green, Fred W.	
STREET ADDRESS	P.O. BOX 356		STREET ADDRESS	119 Harbor View Lane	
CITY-ST-ZIP	CLEARWATER, FL 33757		CITY-ST-ZIP	Belleair Bluffs, FL 33770	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, SCOTT		NAME	DANIELS, Scott	
STREET ADDRESS	P.O. BOX 356		STREET ADDRESS	1988 GULF TO Bay Blvd.	
CITY-ST-ZIP	CLEARWATER, FL 33757		CITY-ST-ZIP	Clearwater, FL 33765	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTY MANN		NAME	Valery, Bert	
STREET ADDRESS	P.O. BOX 356		STREET ADDRESS	1401 Indian Rocks GULF BLVD	
CITY-ST-ZIP	CLEARWATER, FL 33757		CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALVERSON, JEAN		NAME	Halverson, Jean	
STREET ADDRESS	P.O. BOX 356		STREET ADDRESS	79 Royal PALM circle	
CITY-ST-ZIP	CLEARWATER, FL 33757		CITY-ST-ZIP	hargo, FL 33718	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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: <i>Fred W. Green</i>		Fred W. Green, Treasurer 5/2/05 727-581-7035 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			