

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90131 022 ****70.00



DOCUMENT # N29757

1. Entity Name
PINELLAS TRAILS, INC.

Principal Place of Business
P.O. BOX 356
CLEARWATER FL 33757 US

Mailing Address
P.O. BOX 356
CLEARWATER FL 34615 US

40033775



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number

59-2935112

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, FRED W
119 HARBOR VIEW LANE
LARGO, FL 33770

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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:

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **TD** Delete
 NAME: **GREEN, FRED W**
 STREET ADDRESS: **119 HARBOR VIEW LANE**
 CITY-ST-ZIP: **BELLEAIR BLUFFS, FL 33770**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **DV** Delete
 NAME: **DANIELS, SCOTT**
 STREET ADDRESS: **1988 GULF TO BAY BLVD**
 CITY-ST-ZIP: **CLEARWATER, FL 33765**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **PD** Delete
 NAME: **VALERY, BERT**
 STREET ADDRESS: **1401 GULF BLVD**
 CITY-ST-ZIP: **INDIAN ROCKS BEACH, FL 33785**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: ~~SD~~ Delete
 NAME: ~~HALVERSON, JEAN~~
 STREET ADDRESS: ~~79 ROYAL PALM CIRCLE~~
 CITY-ST-ZIP: ~~LARGO, FL 33778~~

TITLE: **RSD** Change Addition
 NAME: **MARION FLETCHER**
 STREET ADDRESS: **8600 - 124th St. North**
 CITY-ST-ZIP: **Seminole, FL 33772**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: **RICHARD W. VALENTINE, JR**
 STREET ADDRESS: **2017 Harvard Ave**
 CITY-ST-ZIP: **Dunedin, FL 34698**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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 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 exemption.

SIGNATURE:

Fred W. Green

Fred W. Green, Treasurer 3/15/06 727-581-7035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #