
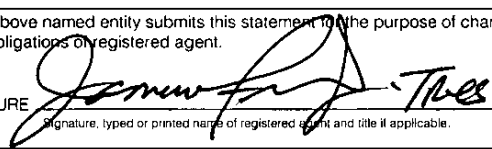
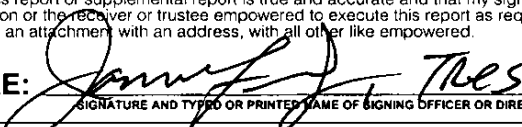


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90161 042 \*\*\*\*61.25

<b>DOCUMENT # N29757</b> 1. Entity Name <b>PINELLAS TRAILS, INC.</b>					
Principal Place of Business <b>1988 GULF TO BAY BLVD ATTN SCOTT DANIELS CLEARWATER, FL 33765 US</b>			Mailing Address <b>P.O. BOX 356 CLEARWATER, FL 34615 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2935112</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GREEN, FRED W 119 HARBOR VIEW LANE LARGO, FL 33770</b>			7. Name and Address of New Registered Agent Name <b>James W. Freeman, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>28100 U.S. Hwy 19 N., Suite 408</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33761</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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">             SIGNATURE         </div> <div style="text-align: center;"> <b>James W. Freeman, Jr., Treas.</b>            (NOTE: Registered Agent signature required when reinstating)         </div> <div style="text-align: center;"> <b>4/30/08</b>            DATE         </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREEN, FRED W 119 HARBOR VIEW LANE BELLEAIR BLUFFS, FL 33770 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DANIELS, SCOTT 1988 GULF TO BAY BLVD CLEARWATER, FL 33765 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALERY, BERT 1401 GULF BLVD INDIAN ROCKS BEACH, FL 33785 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD FLETCHER, MARLON 8000 124TH ST N SEMINOLE, FL 33772 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD VALENTINE, RICHARD W 2017 HARVARD AVE DUNEDIN, FL 34698 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD James W. Freeman, Jr. 28100 U.S. Hwy 19 N., Ste. 408 Clearwater, FL 33761 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marc Brandenburg 4114 Woodlands Pkwy Suite 200 Palm Harbor, FL 34685 <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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 empowered.					
<b>SIGNATURE:</b> 		<b>4/30/08</b> Date		<b>727-725-2727</b> Daytime Phone #	