

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N30620**

1. Entity Name  
**READ PINELLAS, INC.**



Principal Place of Business

**400 CHESTNUT STREET  
OLDSMAR, FL 34677**

Mailing Address

**400 CHESTNUT STREET  
OLDSMAR, FL 34677**



02082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2962210**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**RAYMOND, PATTI  
400 CHESTNUT STREET  
OLDSMAR, FL 34677**

**DO NOT WRITE  
IN THIS SPACE**

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, applicable

(NOTE: Registered Agent signature required when certifying)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

4/15/08

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
GODFREY, PAULA  
1330 CLEVELAND STREET  
CLEARWATER, FL 33755**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
RAYMOND, PATTI  
400 CHESTNUT STREET  
OLDSMAR, FL 34677**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TAYLOR, SHARON  
14239 DICKEY ROAD  
PARRISH, FL 34219**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SARGENT, LAURA  
11142 55TH AVE N  
SEMINOLE, FL 33772**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

000000412752  
05/08/08-80029-010 70.00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LAURA SARGENT**

4/15/08

727-588-6015