

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35336

FILED
Feb 10, 2005
Secretary of State

Entity Name: PINELLAS START CENTER, INC.

Current Principal Place of Business:

2995 UNION ST.
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

PO BOX 945
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 59-2979095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIULLA, SANTO
P.O. BOX 945
SAFETY HARBOR, FL 34695 US

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: P () Delete
Name: DICICCO, FRANK
Address: 540 S. WOODLANDS DR.
City-St-Zip: OLDSMAR, FL

Title: DV () Delete
Name: CIULLA, SANTO R
Address: P.O BOX 945
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T () Delete
Name: SALEMME, JEFF
Address: 1609 HAMPTON LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S () Delete
Name: CALDARELLI, SHERRY A
Address: P.O. BOX 945
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DV () Delete
Name: CIULLA, DIANE
Address: P.O. BOX 945
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SD () Delete
Name: CIULLA, ERIN
Address: P.O. BOX 945
City-St-Zip: SAFETY HARBOR, FL 34695

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:

Title: () Change () Addition
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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: SANTO CIULLA

DV

02/10/2005

Electronic Signature of Signing Officer or Director

Date