

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90037 050 \*\*\*\*61.25

DOCUMENT # N48660

1. Entity Name  
KEEP PINELLAS BEAUTIFUL, INC.



Principal Place of Business  
4707 140TH AVE NO.  
SUITE 214  
CLEARWATER, FL 33762 US

Mailing Address  
4707 140TH AVE NO.  
SUITE 214  
CLEARWATER, FL 33762 US

40017000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-3120169

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

SANDERS, WILLIAM M  
9925 ULMERTON BLVD L&T 137  
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, 2007

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

TITLE VD ☐ Delete  
NAME HELD, FRED JR  
STREET ADDRESS 7700 SUN ISLAND DRIVE, #601  
CITY- ST- ZIP SOUTH PASADENA, FL 33707

TITLE P ☐ Delete  
NAME STEBELTON, AGNES  
STREET ADDRESS 1868 SHORE DRIVE S. #311  
CITY- ST- ZIP S. PASADENA, FL 33707

TITLE TD ☐ Delete  
NAME NERI, RAY  
STREET ADDRESS 4361 45TH STREET NO.  
CITY- ST- ZIP ST. PETERSBURG, FL

TITLE D ☐ Delete  
NAME KIMBALL, RON  
STREET ADDRESS 4747 47TH AVENUE NORTH  
CITY- ST- ZIP SAINT PETERSBURG, FL 33714

TITLE M ☐ Delete  
NAME SANDERS, WILLIAM M  
STREET ADDRESS 1530 WINFIELD RD W  
CITY- ST- ZIP CLEARWATER, FL 33756

TITLE D ☐ Delete  
NAME MALKIN, CAROL  
STREET ADDRESS 12546 CAPRI CIRCLE  
CITY- ST- ZIP TRESASURE ISLAND, FL 33706

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition  
NAME Held, Fred Jr.  
STREET ADDRESS 7700 Sun Island Dr, #601  
CITY- ST- ZIP South Pasadena, FL 33707

TITLE V ☐ Change ☒ Addition  
NAME Dash, Lolita  
STREET ADDRESS 1523 16th St. S  
CITY- ST- ZIP St. Petersburg, FL 33705

TITLE S ☐ Change ☒ Addition  
NAME Adams, Julie  
STREET ADDRESS 4820 47th Ave. N  
CITY- ST- ZIP St. Petersburg, FL 33714

TITLE P ☐ Change ☒ Addition  
NAME Smith, Warren  
STREET ADDRESS 2202 N West Shore Blvd, Suite 250  
CITY- ST- ZIP Tampa, FL 33607-5555

TITLE D ☐ Change ☒ Addition  
NAME Luther, Pauline  
STREET ADDRESS 1924 Seton Dr.  
CITY- ST- ZIP Clearwater, FL 33763

TITLE D ☐ Change ☒ Addition  
NAME Nolan, Don  
STREET ADDRESS 665 Capri Blvd  
CITY- ST- ZIP Treasure Island, FL 33706

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

2-13-07 727-533-0402

Date

Daytime Phone #

# ATTACHMENT

40017625

#148660

More Additions/Changes to Officers and Directors in 10 & 11

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Hefty, Wayne 6672 12 <sup>th</sup> Ave. N St. Petersburg, FL 33710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Cavalli, Peter 6902 Memorial Hwy #1610 Tampa, FL 33615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2-13-07 727-533-0462