

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000006280

1. Entity Name
**PINELLAS COUNTY AMATEUR COMMUNICATIONS
SERVICE, INC.**



Principal Place of Business
**2544 FRISCO DRIVE
CLEARWATER, FL 33761 US**

Mailing Address
**PO BOX 15735
CLEARWATER, FL 33766-5735 US**



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3622742

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, DOUGLAS J
2544 FRISCO DRIVE
CLEARWATER, FL 33761-3820**

**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 if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LAURITSEN, NEIL H
STREET ADDRESS 421 MCMULLEN BOOTH ROAD
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE TD
NAME WILLIAMS, DOUGLAS J
STREET ADDRESS 2544 FRISCO DR
CITY-ST-ZIP CLEARWATER, FL 337613820

TITLE SD
NAME HANN, ALAN L
STREET ADDRESS 1647 GROVELEAF
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000175804
01/10/05-80066-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Douglas J. Williams Douglas J. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 7, 2005
Date

Daytime Phone #

727-
725-3345