


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000006280 1. Entity Name PINELLAS COUNTY AMATEUR COMMUNICATIONS SERVICE, INC.	
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Principal Place of Business 2544 FRISCO DRIVE CLEARWATER, FL 33761 US	Mailing Address PO BOX 15735 CLEARWATER, FL 33766-5735 US
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DO NOT WRITE IN THIS SPACE



04192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3622742	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAURITSEN, NEIL H 421 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, DOUGLAS J 2544 FRISCO DR CLEARWATER, FL 337613820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANN, ALAN L 1647 GROVELEAF PALM HARBOR, FL 34685
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IN THIS SPACE**

UD00000725325
05/03/07-80019-002 61.25

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: *Douglas J. Williams* TD April 19 2007 727-725-3345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #