

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90249 020 ***150.00

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1. Entity Name
PINELLAS HOLDINGS, INC.



Principal Place of Business
412 E MADISON 10TH FL
TAMPA, FL 33602

Mailing Address
PO BOX 48668
SAINT PETERSBURG, FL 33743

50018638



2. Principal Place of Business
2852 - 20TH AVE N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302006 Chg-P CR2E034 (11/05)

City & State
ST. PETERSBURG FL

City & State

4. FEI Number
59-3682201

Applied For
Not Applicable

Zip
33713

Country
USA

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

DOLAN, MARK R
412 E MADISON 10TH FL
TAMPA, FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

2852 - 20TH AVE N.

City ST. PETERSBURG

FL

Zip Code 33713

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)

4/18/06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MARSHLACK, DAVID G
STREET ADDRESS 412 E MADISON 10TH FL
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☒ Change ☐ Addition
NAME 2852 20th Ave N
STREET ADDRESS ST PETERSBURG FL 33713
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME MARSHLACK, DANE B
STREET ADDRESS 412 E. MADISON 10TH FL
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☒ Change ☐ Addition
NAME 2852 20th Ave N
STREET ADDRESS ST PETERSBURG FL 33713
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

David Marshlack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #