2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

DOCUI 1. Entity Name PINELLAS					04-30-20	08 90159	9 010 **'	*150.00			
Principal Place	e of Busines		Mailing Address								
2852 20TH AVE PO BOX 48668 SAINT PETERSBURG, FL 33713 SAINT PETERSBURG, FL 33743							 		32217	;) 	
2. Principal Pl	ace of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04242008	Chg-P	CR2E03	4 (12/06)	·
City & State			City & State				4. FEI Numb			·	plied For t Applicable
Zip	Country		Zip Coun		itry	5. Certificate of Status Desire		of Status Desired	\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered Agent		Name		7. Name and	Address of New R	gistered A	gent	
DOLAN, MARK B 2852 20TH AVE N: SAINT PEPERSBURG, FL 33713						ddress () LIARI P.O. Box Numb BAYSHO	er is Not Acceptable		Zio Code	
9 The share	named anti	tu a faite thicketakment fo	or the purpose of changing i	te register		NED		oth in the State of Ele	FL	Zip Code 346	
	ions of regis					-		otn, in the State of Fig	rida. Tam ia	arrillar with,	апо ассері
SIGNATURE_	Signature, typed	t or printed fame of registered agent			2. Do		when reinstating)		Y/Z9	108	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.		OFFICERS AND		11.			ADDITIONS	/CHANGES TO OFFI	CERS AND		
TITLE NAME	P Delete MARSHLACK, DAVID G				E NE	P MARS	SHLACK	DAVIDG.		Change	Addition
STREET ADDRESS CITY-ST-ZIP	ŧ	TH AVE N ETERSBURG, FL 3371	3		EET ADDRESS (-ST-ZIP	285	2 20TH	AVE NORTH		>	
TITLE	VP □ Delete				E	SAIN	<u> PETEK</u>	SBURG, FL	3371.	Change	Addition
NAME STREET ADDRESS	MARSHL 2852 20T	ACK, DANE B 'H AVF N	NAA Str		ME EET ADDRESS						
CITY-ST-ZIP		ETERSBURG, FL 3371		r-ST-ZIP							
TITLE NAME		TITE NAM		}				☐ Change	Addition		
STREET ADDRESS				STR	EET ADDRESS						
CITY-ST-ZIP			Delete	CITY	r-ST-ZIP					☐ Change	Addition
NAME			∟ Delete	NAM	ΛE					□ cuange	L AUDITION
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP						
TITLE			☐ Delete	THIL						☐ Change	Addition
NAME STREET ADDRESS]			NAM STR	ME Eet address						
CITY-ST-ZIP		gampin		CITY	Y-SI-ZIP						
TITLE NAME			☐ Delete	TITL NAM						☐ Change	☐ Addition
STREET ADDRESS				STR	EET ADDRESS						
12. I hereby indicated of the col	certify that the certify that the certify that the certific	ne information supplied vit ort or supplemental report the receiver of trustee err	h this filing does not qualify is true and affourate and th	for the ax	Y-ST-ZIP comptions of dure shall faired by Chi	contained have the	d in Chapter 11 same legal effe 7. Florida Statu	19, Florida Statutes. I ect as il made under des and that my pare	turther cert	ify that the in im an officer	ntormation or director
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information indicated on this report or suppliemental report is true and afficurate 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 of 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 the empowered. SIGNATURE:											
SIGNAL	UKE:	SIGNATUSE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	ER OR DIREC	TOR			Date	<u> </u>	aytime Phone #	