

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90029 008 ***150.00

DOCUMENT # P00000110729 1. Entity Name GB VENTURES OF PINELLAS, INC.																																			
Principal Place of Business KRESS BUILDING, SUITE 202 475 CENTRAL AVENUE ST. PETERSBURG, FL 33701 US		Mailing Address C/O ERNEST L. MASCARA, PA 475 CENTRAL AVENUE, SUITE 202 ST. PETERSBURG, FL 33701 US																																	
2. Principal Place of Business - No P.O. Box # Gary Bruce Suite, Apt., #, etc. 1978 Shore Acres Blvd N.E. City & State St. Petersburg, FL Zip 33703 Country Pinellas		3. Mailing Address Gary Bruce Suite, Apt., #, etc. 1978 Shore Acres Blvd N.E. City & State St. Petersburg, FL Zip 33703 Country Pinellas																																	
4. FEI Number 59-3689216		Applied For ☐ Not Applicable																																	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent MASCARA, ERNEST L KRESS BUILDING, SUITE 202 475 CENTRAL AVENUE ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name Gary Bruce Street Address (P.O. Box Number is Not Acceptable) 1978 Shore Acres Blvd. N.E. City St. Petersburg FL Zip Code 33703																																	
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 <u><i>Gary Bruce, Gary Bruce</i></u> DATE <u><i>4/8/07</i></u> Signature, typed or printed name of registered agent and the # applicable. (Not a registered agent signature required when registering)																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td style="width: 70%;"> PVST BRUCE, GARY 475 CENTRAL AVENUE, SUITE 202 ST. PETERSBURG, FL 33701 </td> </tr> <tr><td colspan="2">☐ Delete</td></tr> <tr><td colspan="2">☐ Delete</td></tr> <tr><td colspan="2">☐ Delete</td></tr> <tr><td colspan="2">☐ Delete</td></tr> <tr><td colspan="2">☐ Delete</td></tr> <tr><td colspan="2">☐ Delete</td></tr> <tr><td colspan="2">☐ Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PVST BRUCE, GARY 475 CENTRAL AVENUE, SUITE 202 ST. PETERSBURG, FL 33701	☐ Delete		☐ Delete		☐ Delete		☐ Delete		☐ Delete		☐ Delete		☐ Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td style="width: 70%;"> PVST Bruce, Gary 1978 Shore Acres Blvd. N.E. St. Petersburg, FL 33703 </td> </tr> <tr><td colspan="2">☒ Change ☐ Addition</td></tr> <tr><td colspan="2">☐ Change ☐ Addition</td></tr> <tr><td colspan="2">☐ Change ☐ Addition</td></tr> <tr><td colspan="2">☐ Change ☐ Addition</td></tr> <tr><td colspan="2">☐ Change ☐ Addition</td></tr> <tr><td colspan="2">☐ Change ☐ Addition</td></tr> <tr><td colspan="2">☐ Change ☐ Addition</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PVST Bruce, Gary 1978 Shore Acres Blvd. N.E. St. Petersburg, FL 33703	☒ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition	
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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: <u><i>Gary Bruce</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u><i>4/8/07</i></u> <u><i>727-656-0752</i></u> Date Telephone																																	