## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 01, 2006 8:00 am Secretary of State

<ol> <li>Entity Name</li> <li>AND B F</li> </ol>		7947					0.00
	HOLDINGS OF PINELLAS	, INC.					
Principal Place 4701 122ND CLEARWATER,	of Business AVENUE N FL 33762	Mailing Address 12290 AUTOMOBILE CLEARWATER, FL 33	BLUE	10,			
	A Kidade III		·				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0203200	6 Chg-P	CR2E034 (11/05	5)
City & State		City & State		4. FEI Nur 59-30	nber 393183	1	Applied For Not Applicable
Zip	Country	Zip	Country		ate of Status Desired	d S8.75 A	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
JENSEN, LARRY T 12290 AUTOMOBILE BLVD. CLEARWATER, FL 33762			<u> </u>	Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Co	ode
	named entity submits this statement	for the purpose of changing i	ts registered office of	r registered agent, or	both, in the State of		h, and accept
-	ons of registered agent.	-					
SIGNATURE_	Signature, typed or printed name of registered age	nt and title it applicable. (N	OTE: Registered Agent signs	ture required when reinstating	)	DATE	
FILI After Ma	E NOWIII: FEE IS \$150.00 by 1, 2006 Fee will be \$550	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees			
10.		D DIRECTORS	11.	ADDITIO	NS/CHANGES TO C	OFFICERS AND DIRECTO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOULE, WILLIAM H 12290 AUTOMOBILE BLVD. CLEARWATER, FL 33762	. S Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Chang	e Addilion
TITLE NAME STREET ADDRESS	VST JENSEN, LARRY T 12290 AUTOMOBILE BLVD.	☐ Delete	TITLE NAME STREET ADORESS	12290 A	N, LARRY To mosil	EBLUD	e 🔲 Addition
TITLE	CLEARWATER, FL 33762		CITY-ST-ZIP	ST	UATER, I	` <i>L 3376</i> ∑ □ Chang	e 🗷 Addition
name "Street address" City+St-Zip			NAME Street address City-St-zip	12290 A	UTOMOBIA OPTER, F	E BLUD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Chang	e 🗍 Addition
TITLE NAME	1	□ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e Addition
STREET ADDRESS City-St-Zip	l A						
City-st-zip	certify that the information supplied will on this report or supplied with report or supplied with report or the receiver or this tee en or on an attachment with an address	with this filling does not qualify it is true and accurate and that inpowered to execute this rep is, with all other like empower	for the exemptions at my signature shall out as required by C ed.		119, Florida Statute offect as if made und atures; and that my r	es. I further certify that the der oath; that I am an offi name appears in Block 1	e information cer or director 0 or Block 11 if