

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P01 000027699

1 Entity Name
PITT INC.



Principal Place of Business
2577 26TH AVE N
ST PETERSBURG, FL 33713

Mailing Address
2577 26TH AVE N
ST PETERSBURG, FL 33713

DO NOT WRITE IN THIS SPACE



01262004 No Chg-IP CIR2E034 (10/03)

4. FEI Number
59-3709844

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHASURIVIRAT, PITT
2577 26TH AVE N
ST PETERSBURG, FL 33713

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 may Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PITT, CHASURIVIRAT
STREET ADDRESS	2577 26TH AVE N
CITY- ST- ZIP	SAINT PETERSBURG, FL 33713
TITLE	ST
NAME	SUNAN, CHASURIVIRAT
STREET ADDRESS	2577 26TH AVE N
CITY- ST- ZIP	SAINT PETERSBURG, FL 33713
TITLE	D
NAME	VIRIYA, CHASURIVIRAT
STREET ADDRESS	2577 26TH AVE N
CITY- ST- ZIP	SAINT PETERSBURG, FL 33713
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/15/04-80092-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Pitt Chasurivirat, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-323-2233

Daytime Phone #