## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000011180 EQUITY REALTY OF PINELLAS INC.



Principal Place of Business

Mailing Address

SIGNATURE:

6500 1 AVE. N. ST. PETERSBURG, FL 33710

6500 1 AVE. N. St. Petersburg, FL 33710

## **FILED** Feb 03, 2006 08:00 AM Secretary of State



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LICI	NU	WRITE	113		SPALE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6. Name and Address of Current Registered Agent

4. FEI Number Applied For 90-0005415 Not Applicable \$8.75 Additional 

5. Certificate of Status Desired

01122006

Fee Required

Davrime Phone #

CR2E034 (11/05)

CHICOURIS, PETER G 10137 YACHT CLUB DR.

## DO NOT WRITE

No Chg-P

REASURE ISLAND, FL 33/06				IN THIS SPACE			
5. The above the obligation	e named entity submits this statement for the pations of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and little in	applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE		
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing 🖂	\$5.00 May Se Added to Fees			
to.	OFFICERS AND DIREC	TORS	<b>E</b>				
TITLE MAME STREET ADORESS CITY-ST-ZIP	P CHICOURIS, PETER G 155 107 AVE TREASURE ISLAND, FL 33706	-					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CHY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZP		1					
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 accordate 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 flustee empressed of 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.							