

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90022 013 ***150.00

DOCUMENT # P03000011775

1. Entity Name

PINELLAS MANUFACTURING, INC



Principal Place of Business

11072 TEMPLE AVE.
SEMINOLE FL 33772

Mailing Address

11072 TEMPLE AVE.
SEMINOLE FL 33772

2. Principal Place of Business

11528 53RD ST. N.

Suite, Apt. #, etc.

UNIT B

3. Mailing Address

11528-53RD ST. N.

Suite, Apt. #, etc.

UNIT B

City & State

CLEARWATER, FL

Zip

33760

Country

USA

City & State

CLEARWATER, FL

Zip

33760

Country

USA

4. FEI Number

06-1675654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHALICH, WAYNE
11072 TEMPLE AVE.
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Wayne Chalich

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Wayne Chalich

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CHALICH, WAYNE	
STREET ADDRESS	11072 TEMPLE AVE.	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CHALICH, WAYNE	
STREET ADDRESS	11072 TEMPLE AVE.	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CHALICH, WAYNE	
STREET ADDRESS	11072 TEMPLE AVE.	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 another like empowered.

SIGNATURE:

Wayne Chalich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE CHALICH

1-22-04

Date

727-573-1471

Daytime Phone #