


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000011775 1. Entity Name PINELLAS MANUFACTURING, INC	
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Principal Place of Business 11528 53RD ST. N. UNIT B CLEARWATER, FL 33760	Mailing Address 11528 53RD ST. N. UNIT B CLEARWATER, FL 33760
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01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1675654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHALICH, WAYNE 11072 TEMPLE AVE. SEMINOLE, FL 33772	DO NOT WRITE IN THIS SPACE
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000629477 02/19/07-80003-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHALICH, WAYNE 11072 TEMPLE AVE. SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHALICH, WAYNE 11072 TEMPLE AVE. SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHALICH, WAYNE 11072 TEMPLE AVE. SEMINOLE, FL 33772
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Wayne Chalich **WAYNE CHALICH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** 2/6/07
Date Daytime Phone #