

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000011775

1. Entity Name
PINELLAS MANUFACTURING, INC



Principal Place of Business

11528 53RD ST. N.
UNIT B
CLEARWATER, FL 33760

Mailing Address

11528 53RD ST. N.
UNIT B
CLEARWATER, FL 33760



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FBI Number
06-1675654

Applied For
Not Applicable

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

Name and Address of Current Registered Agent

CHALICH, WAYNE
11072 TEMPLE AVE.
SEMINOLE, FL 33772

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IN THIS SPACE**

8. The above named agent, by signing 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

Name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FL 15.150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CHALICH, WAYNE
STREET ADDRESS	11072 TEMPLE AVE.
CITY-STATE-ZIP	SEMINOLE, FL 33772
TITLE	DS
NAME	CHALICH, WAYNE
STREET ADDRESS	11072 TEMPLE AVE.
CITY-STATE-ZIP	SEMINOLE, FL 33772
TITLE	DT
NAME	CHALICH, WAYNE
STREET ADDRESS	11072 TEMPLE AVE.
CITY-STATE-ZIP	SEMINOLE, FL 33772
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/01/08-80008-015 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne Chalich
PRESIDENT

3/11/08

Daytime Phone #