

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000066514

1. Entity Name
ROJO VENTURES OF PINELLAS, INC.



Principal Place of Business
2008 BELLEAIR CT
CLEARWATER, FL 33764

Mailing Address
2008 BELLEAIR CT
CLEARWATER, FL 33764

**FILED
Jan 17, 2006 08:00 AM
Secretary of State**



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0836416	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOBLEY, ROSEMARY
2008 BELLEAIR COURT
CLEARWATER, FL 33764

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

LINE1000345643
01/20/06-80040-019 150.00

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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

10.

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MOBLEY, ROSEMARY 2008 BELLEAIR CT CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOBLEY, JOSEPH G 2008 BELLEAIR CT CLEARWATER, FL 33764
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosemary Moseley 1/12/06 727-535-5012
Daytime Phone #