


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000089301					
<b>1. Entity Name</b> PINELLAS TODAY, INC.					
<b>Principal Place of Business</b> 2451-1 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759			<b>Mailing Address</b> 2451-1 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07152005    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 05-0582883				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
JOHNSON, NICHOLAS H 2451-1 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759			Name <b>WILLIAM A. BORJA, ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>501 S. FORT HARRISON #204</b> City <b>CLEARWATER</b> <b>FL</b> <b>33756</b>		
<b>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.</b>					
SIGNATURE: <u>William A Borja</u> (NOTE: Registered Agent signature required when reinstating)    DATE:					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, NICHOLAS H 2451-1 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST/ D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT F. DOBBINS    34683 795 HICKORY LANE, PALM HARBOR, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATSON, DAVID D 2451-1 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100058541601</b> 08/15/05--01002--016    **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEABOLT, N. JEAN 2451-1 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 all other like empowered.</b>					
SIGNATURE: <u>Robert F. Dobbins</u> 7-1-2005    7277990212					