

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90518 015 ***150.00

DOCUMENT # P04000040270 1. Entity Name PINELLAS VERTICAL, INC.			
Principal Place of Business 22123 US HWY 19 N CLEARWATER, FL 34625		Mailing Address 22123 US HWY 19 N CLEARWATER, FL 34625	
2. Principal Place of Business Suite, Apt. #, etc. 22125 US HWY 19 N City & State CLEARWATER, FL Zip 34625 Country USA		3. Mailing Address Suite, Apt. #, etc. 22125 US HWY 19 N City & State CLEARWATER, FL Zip 34625 Country USA	
4. FEI Number 43-2059889		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04232005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent AUSTIN, JAMES R 22123 US HWY 19 N CLEARWATER, FL 34625		7. Name and Address of New Registered Agent Name AUSTIN, JAMES R Street Address (P.O. Box Number is Not Acceptable) 22125 US HWY 19 N City CLEARWATER FL Zip Code 34625	
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 4-27-05 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS AUSTIN, JAMES R 22123 US HWY 19 N CLEARWATER, FL 34625	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS AUSTIN, JAMES R 22125 US HWY 19 N CLEARWATER, FL 34625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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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
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.			
SIGNATURE:			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	