


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/

FILED
Jun 07, 2005 8:00 am
Secretary of State

05-13-2005 90219 027 ***150.00

DOCUMENT # P04000120419 1. Entity Name PITSTOP ENTERPRISES, INC.					
Principal Place of Business WACHOVIA BANK BLDG. 2ND FLOOR 400 COREY AVENUE ST. PETE BEACH, FL 33706			Mailing Address WACHOVIA BANK BLDG. 2ND FLOOR 400 COREY AVENUE ST. PETE BEACH, FL 33706		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCMAMARA, TERRENCE P ESQ. WACHOVIA BANK BLDG. 2ND FLOOR 400 COREY AVENUE ST. PETE BEACH, FL 33706				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
B. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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	PTD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORTON, MALCOLM		NAME		
STREET ADDRESS	WACHOVIA BANK BLDG. 2ND FL- 400 COREY AVE.		STREET ADDRESS		
CITY- ST- ZIP	ST. PETE BEACH, FL 33706		CITY- ST- ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PITTS, GRAHAM		NAME		
STREET ADDRESS	WACHOVIA BANK BLDG. 2ND FL- 400 COREY AVE.		STREET ADDRESS		
CITY- ST- ZIP	ST. PETE BEACH, FL 33706		CITY- ST- ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORTON, LYNNE		NAME		
STREET ADDRESS	WACHOVIA BANK BLDG. 2ND FL- 400 COREY AVE.		STREET ADDRESS		
CITY- ST- ZIP	ST. PETE BEACH, FL 33706		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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>			Date 5/1/05 Daytime Phone # _____		

66022104



04282005 Chg-P CR2E034 (10/03)

4. FEJ Number **20-1510302** Applied For ☐ Not Applicable ☐

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