2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 08, 2006 8:00 am Secretary of State DOCUMENT # P04000171588 05-08-2006 90309 004 ***150.00 DEAD FISH OF PINELLAS INC. Principal Place of Business Mailing Address OUDITORIO 11171 105TH AVE 11171 105TH AVE LARGO, FL 33778 LARGO, FL 33778 2. Principal Place of Business 3. Mailing Address 10751 Grove Terrace 10751 Grove Terrace Suite, Apt. #, etc. Suite, Apt. #, etc. 04062006 Chq-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Seminole, FL 20-2052322 Seminole, FL Not Applicable Country USA 33772 Country \$8.75 Additional ^{Zip} 33772 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Randall Wade Baker PRUITT, CASEY Street Address (P.O. Box Number is Not Acceptable) 11171 105TH AVE LARGO, FL 33778 10751 Grove Terrace City Seminole 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 age Randall WadeaBaker, President 4-6-2006 (NOTE: Registered Agent signature required when reinstating) red agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Hite PS. Delete TITLE Change ☐ Addition NAME PRUITT, CASEY NAME STREET ADDRESS 11171 105TH AVE STREET ADDRESS CHY-ST-ZIP CITY-ST-ZiP LARGO, FL 33778 PSTD THUE ☐ Delete TITLE XI Change Addition BAKER, RANDALL Baker, Randall W. NAME NAME STREET ADDRESS 11171 105TH AVE STREET ADDRESS 10751 Grove Terrace LARGO, FL 33778 CITY-ST-ZIP Seminole, FL 33772 ☐ Delete TITLE ☐ Change Addition STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY S1-ZIP CITY-ST-ZIP Addition ☐ Change HILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. Thereby certify that the information supplied with this filling 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

Randall Wade Baker, President

TED NAME OF SIGNING OFFICER OR DIRECTOR

ddress, with all other like empowered.

changed, or on an attac

SIGNATURE:

FILED