2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 14, 2008 8:00 am Secretary of State

Principal Place of Business 1995 SEMINOLE BILD	DOCUMENT # P06000091283 1. Entity Name J.C.G. OF PINELLAS, INC.						08-14-2008 90	0002 008 3	***150.0	00	
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City	11995 SEMINOLE BLVD		11995 SEMINOLE BLVD			ens ens som som så	iri 80110 apini ildin	, (1 25 1) 1878 8 (17	981 N 1981		
City & State City & State City & City & State City & State City & State City & State City & City & State City & State City & State City & City & C	2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
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Country Zip Country Zip Country S. Certificate of Status Desired \$3,75 Accident Feb Popular Feb	City & State		City & State		1 .			- 			
S. Name and Address of Current Registered Agent Name Name Name Street Address of New Registered Agent Name	Zip	Country	Zip	Country					8.75 Add	itional	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. SIGNATURE TILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME GIBONS, JOANNE C SIRET ADDRESS CITY-51-2P TILE Description of the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the accept the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the accept the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the accept the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the accept the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the accept the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar wit		6. Name and Address of Curren	t Registered Agent		1	7. Name and	Address of New R	·			
Street Address (P.O. Box Number is Not Acceptable)											
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Symbol Symb	11995 SEMINOLE BLVD				Street Address	ss (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	LARGO, FI	L 33//0 \$.									
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAMES THE COMMENT OF THE COMME	E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS				Change	☐ Addition	

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 of 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/08 127-397-3