2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State
03-30-2007 90148 019 ***150.00

DOCUMENT # P06000116899

1. Entity Name
PINELLAS COAST MANAGEMENT GROUP, INC.

Principal Place of Business
4080 COQUINA KEY DR SE
ST PETERSBURG FL 33705

Mailing Address
4080 COQUINA KEY DR SE
ST PETERSBURG FL 33705

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

4. FEI Number 20-8891434 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HOOVER, MICHELE
4080 COQUINA KEY DR SE
ST PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name

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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME HOOVER, JOSEPH B STREET ADDRESS 4080 COQUINA KEY DR SE CITY-ST-ZIP ST PETERSBURG FL 33705	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michele Hoover, VP 4080 Coquina Key Dr SE St Petersburg, FL 33705 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #