


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P94000057416 1. Entity Name R.F.D. OF PINELLAS, INC. |  |
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| Principal Place of Business 9190 OAKHURST RD. SUITE 2A SEMINOLE FL 33776 | Mailing Address 9190 OAKHURST RD. SUITE 2A SEMINOLE FL 33776 |
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1st MOORE CR2E034 (10/04)

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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|---------------------------------|---|
| 4. FEI Number 59-3262644 | Applied For |
| | <input type="checkbox"/> Not Applicable |

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|--|---|
| 6. Name and Address of Current Registered Agent FORLIZZO, ROBERT A 2903 RIGSBY LANE SAFETY HARBOR FL 34695 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 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 | PSD <input type="checkbox"/> Delete NAME CICCO, ROBERT A. STREET ADDRESS 9190 OAKHURST RD SUITE 2A CITY-ST-ZIP SEMINOLE FL | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000318767 04/20/05-80072-003 150.00 |
| TITLE | VPTD <input type="checkbox"/> Delete NAME FLAM, MARVIN STREET ADDRESS 2284 PHILLIPINE DRIVE CITY-ST-ZIP CLEARWATER FL 33763 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | VPSD <input type="checkbox"/> Delete NAME CICCO JR, ROBERT A STREET ADDRESS 9190 OAKHURST ROAD SUITE 2A CITY-ST-ZIP SEMINOLE FL | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Delete | TITLE | <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)(f), 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:  **Robert A. Cicco Sr.** 727-595-6407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #