


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	1st MOORE CR2E034 (10/05)
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City & State	City & State	4. FEI Number 59-3262644
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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.

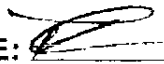
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PSD CICCO, ROBERT A. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CICCO, ROBERT A.	NAME	
STREET ADDRESS	9190 OAKHURST RD SUITE 2A	STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	CITY-ST-ZIP	
U00000499719 04/24/06-90040-014 150.00			
TITLE	VPTD FLAM, MARVIN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FLAM, MARVIN	NAME	
STREET ADDRESS	2284 PHILLIPINE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33763	CITY-ST-ZIP	
TITLE	VPSD CICCO JR, ROBERT A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CICCO JR, ROBERT A	NAME	
STREET ADDRESS	9190 OAKHURST ROAD SUITE 2A	STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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"/> Add
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 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:  Robert A. Cicco Date: 04/06/06 Daytime Phone #: 727-595-6407