

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000010407

1. Entity Name
 ORIGINAL PINEHURST PUB, INC.



Principal Place of Business Mailing Address

1422 PINEHURST RD. 935 MAIN STREET SUITE D-1
 DUNEDIN, FL 34698 SAFETY HARBOR, FL 34695

DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3302213 Not Applicable

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

6. Name and Address of Current Registered Agent

RABB, HARRY H CPA
 935 MAIN ST., STE D-1
 SAFETY HARBOR, FL 34695

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000938787
 05/28/08-80001-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TRAVIOLIA, C. BART
STREET ADDRESS	1422 PINEHURST RD.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	V
NAME	TRAVIOLIA, CHRISTINA R
STREET ADDRESS	1422 PINEHURST RD
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: C. Bart Travolia 4-27-08 (727) 734-1796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C BART TRAVOLIA