


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-22-2006 90017 030 ***150.00

DOCUMENT # P95000058194

1. Entity Name
BILLY BOY'S OF PINELLAS, INC.



Principal Place of Business Mailing Address

3934 49TH STREET N. 3934 49TH STREET N.
 ST. PETERSBURG, FL 33709 ST. PETERSBURG, FL 33709

66009343



DO NOT WRITE IN THIS SPACE

01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3325722	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBSON, PATRICK W
 207-150TH AVENUE
 SAINT PETERSBURG, FL 33708**

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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: *Denise Kovic* DATE: **4-6-06**

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOVIC, DENISE
STREET ADDRESS	3934 49TH STREET N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33709
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: *Denise Kovic* **Denise Kovic** DATE: **4-6-06** DAYTIME PHONE: **727-525-7468**

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