


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90076 015 \*\*\*150.00

<b>DOCUMENT # P95000062816</b>		
1. Entity Name <b>M J G ENTERPRISES OF PINELLAS INC.</b>		

Principal Place of Business <b>311 MEARS BLVD 2 OLDSMAR, FL 34677 US</b>	Mailing Address <b>600 MT. VERNON STREET OLDSMAR, FL 34677 US</b>
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**50015287**

2. Principal Place of Business <b>707 Shore Dr. E</b>	3. Mailing Address <b>707 Shore Dr. E.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01312005 Chg-P CR2E034 (10/03)

City & State <b>Oldsmar, Florida</b>	City & State <b>Oldsmar, Florida</b>
Zip <b>34677</b>	Zip <b>34677</b>
Country <b>Pinellas</b>	Country <b>Pinellas</b>

4. FEI Number <b>59-3332875</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> - <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>GURNEY, MELVIN J 600 MT. VERNON STREET OLDSMAR, FL 34677</b>	7. Name and Address of New Registered Agent Name <b>Gurney, Melvin J</b> Street Address (P.O. Box Number is Not Acceptable) <b>707 Shore Dr. E.</b> <b>Oldsmar</b> City <b>Oldsmar</b> <b>FL</b> Zip Code <b>34677</b>
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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 *Melvin J Gurney* DATE 1-31-05

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GURNEY, MELVIN J. 600 MT. VERNON STREET OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gurney, Melvin J 707 Shore Dr. E. Oldsmar, Florida 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(i), 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: *Melvin J Gurney* 1-31-05 813 855-2256

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