

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000081526

FILED
Mar 22, 2007
Secretary of State

Entity Name: FAMILY SERVICES OF PINELLAS COUNTY, INC.

Current Principal Place of Business:

18302 HIGHWOODS PRES. PKWY
SUITE 114
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

18302 HIGHWOODS PRES. PKWY
SUITE 114
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 59-3340181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUARDT, J. MATTHEW ESQ
625 COURT STREET
SUITE 200
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

BROCK, JAMES C ESQ
7065 WESTPOINTE BLVD.
SUITE #317
ORLANDO, FL 32835 US

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.

SIGNATURE: JAMES C. BROCK

03/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PICCIANO, JOHN
Address: 3401 TAMiami TRAIL NORTH, SUITE 207
City-St-Zip: NAPLES, FL 34103

Title: SD () Delete
Name: O'SHEA, JAMES
Address: 3401 TAMiami TRAIL NORTH, SUITE 207
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: COHEN, ROBERT
Address: 3401 TAMiami TRAIL NORTH, SUITE 207
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. PICCIANO

PD

03/22/2007

Electronic Signature of Signing Officer or Director

Date