

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000003505

Entity Name: TAB OF PINELLAS, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

1205 SNELL ISLE BLVD NE
ST PETERSBURG, FL 33704

New Principal Place of Business:

5180 113TH AVENUE N
CLEARWATER, FL 33760 US

Current Mailing Address:

1205 SNELL ISLE BLVD NE
ST PETERSBURG, FL 33704

New Mailing Address:

5180 113TH AVENUE N
CLEARWATER, FL 33760 US

FEI Number: 59-3455726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STRICKLAND, THOMAS L
1205 SNELL ISLE BLVD NE
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

STRICKLAND, THOMAS L
5180 113TH AVENUE N.
CLEARWATER, FL 33760 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: THOMAS L. STRICKLAND

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: STRICKLAND, THOMAS L
Address: 1205 SNELL ISLE BLVE NE
City-St-Zip: ST PETERSBURG, FL 33704

Title: DVT () Delete
Name: STRICKLAND, BONNIE
Address: 1205 SNELL ISLE BLVD NE
City-St-Zip: ST. PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: STRICKLAND, THOMAS L
Address: 5180 113TH AVENUE N.
City-St-Zip: CLEARWATER, FL 33760 US

Title: DVT (X) Change () Addition
Name: STRICKLAND, BONNIE
Address: 5180 113TH AVENUE N.
City-St-Zip: CLEARWATER, FL 33760 US

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS L. STRICKLAND

DPS

03/23/2009

Electronic Signature of Signing Officer or Director

Date