

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90359 030 \*\*\*150.00

**DOCUMENT # P98000033111**

1. Entity Name  
**COMMERCIAL REALTY OF PINELLAS, INC.**



Principal Place of Business  
**1230 S. MYRTLE AVENUE  
SUITE 301  
CLEARWATER, FL 33756**

Mailing Address  
**P.O. BOX 671  
CLEARWATER, FL 33757**

2. Principal Place of Business

3. Mailing Address  
**1230 S Myrtle Ave  
Suite, Apt. #, etc.  
Suite #301**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Clearwater, FL**

Zip

Country

Zip

**33756-3456**

Country

**US**

02172006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**59-3506887**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAVOIE, TEMPI  
1230 S. MYRTLE AVENUE  
SUITE 301  
CLEARWATER, FL 33756**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDCT  
SAVOIE, TEMPI  
1230 S. MYRTLE AVE., SUITE 301  
CLEARWATER, FL 33756** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SAVOIE, RUTH H  
1230 S. MYRTLE AVE., SUITE 301  
CLEARWATER, FL 33756** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Tempi Savio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/06*

Date

*727-447-1521*

Daytime Phone #