2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000056588

1. Entity Name
ACCENT ON TRAVEL PINELLAS COUNTY, INC.

Principal Place of Business	Mailing Address
3386 S.R. 584-(TAMPA ROAD) PALM HARBOR, FL 34684	3386 S.R. 584-(TAMPA ROAD) PALM HARBOR, FL 34684

DO NOT WRITE IN THIS SPACE

03172005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3588222	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LABONTE, DIANE L
3386 S.R. 584-(TAMPA ROAD)
PALM HARBOR, FL 34684

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

DATE: 3-23-05

FILE NOW!!! FEE IS $150.00 After May 1, 2005 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LABONTE, DIANE L
STREET ADDRESS	12040 92ND AVENUE N
CITY-ST-ZIP	SEMINOLE, FL 33772

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000276525
03/25/05-80044-021 150.00

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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: _(signature)_   3-23-05   727-786-3376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #