

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90051 032 ***150.00

DOCUMENT # P99000068189

1. Entity Name
PODS, INC.



Principal Place of Business

6061 45TH ST N
SAINT PETERSBURG, FL 33714

Mailing Address

6061 45TH ST N
SAINT PETERSBURG, FL 33714

94011963

2. Principal Place of Business

5585 RIO VISTA DRIVE

3. Mailing Address

5585 RIO VISTA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142004

Chg-P

CR2E034 (10/03)

City & State

CLEARWATER, FLORIDA

City & State

CLEARWATER, FLORIDA

4. FEI Number

59-3589361

Applied For

Not Applicable

Zip

33760

Country

USA

Zip

33760

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARHURST, PETER S
5585 RIO VISTA DR.
CLEARWATER, FL 33760

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CFO	<input type="checkbox"/> Delete
NAME	CALCATERRA, THOMAS M	
STREET ADDRESS	6061 45TH ST N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WARHURST, PETER S	
STREET ADDRESS	6061 45TH ST N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714	
TITLE	CAO	<input type="checkbox"/> Delete
NAME	UMBERG, PAUL R	
STREET ADDRESS	6061 45TH ST N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714	
TITLE	COO	<input type="checkbox"/> Delete
NAME	REVELIA, DAVID	
STREET ADDRESS	10636 ALICO PASS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHILIT, KEITH	
STREET ADDRESS	16215 VILLAREAL	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOGHIERO, PHIL	
STREET ADDRESS	2832 CHELSEA PLACE NORTH	
CITY-ST-ZIP	CLEARWATER, FL 33759	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5585 RIO VISTA DR.	
STREET ADDRESS	CLEARWATER, FL 33760	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5585 RIO VISTA DR	
STREET ADDRESS	CLEARWATER, FL 33760	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5585 RIO VISTA DR	
STREET ADDRESS	CLEARWATER, FL 33760	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04 (888) 776-7637