

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90046 007 \*\*\*150.00

DOCUMENT # S03130

1. Entity Name

S & L DEVELOPMENT CORPORATION OF PINELLAS



Principal Place of Business

~~5950 34TH ST SO~~  
~~ST. PETERSBURG FL 33711~~  
~~US~~

Mailing Address

~~5950 34TH ST SO~~  
~~ST. PETERSBURG FL 33711~~  
~~US~~



2. Principal Place of Business

5622 Marine Pkwy.  
Suite, Apt. #, etc.  
Suite 9  
City & State  
New Port Richey FL

3. Mailing Address

5622 Marine Pkwy.  
Suite, Apt. #, etc.  
Suite 9  
City & State  
New Port Richey FL

1st MOORE

CR2E034 (10/04)

City & State

Zip 34652  
Country USA

City & State

Zip 34652  
Country USA

4. FEI Number

59-3112103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

34652  
BACON, DAVID A.  
2959 1ST AVE. N.  
ST. PETERSBURG FL

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME HUBER, HENRY H., JR.  
STREET ADDRESS 5950 34TH STREET SOUTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33711

TITLE DST ☐ Delete  
NAME HUBER, MARY L., JR.  
STREET ADDRESS 5950 34TH STREET SOUTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33711

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5622 Marine Pkwy. Suite 9  
CITY-ST-ZIP New Port Richey FL 34652

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5622 Marine Pkwy. Suite 9  
CITY-ST-ZIP New Port Richey FL 34652

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

TITLE ☐ Change ☐ 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 ☒ Mary L Huber Mary L Huber 3-16-05 727-846-9484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #