

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000003505

Entity Name: TAB OF PINELLAS, INC.

FILED
Mar 09, 2007
Secretary of State

Current Principal Place of Business:

4119 BAYSHORE BLVD
ST PETERSBURG, FL 33703

New Principal Place of Business:

1205 SNELL ISLE BLVD NE
ST PETERSBURG, FL 33704

Current Mailing Address:

4119 BAYSHORE BLVD
ST PETERSBURG, FL 33703

New Mailing Address:

1205 SNELL ISLE BLVD NE
ST PETERSBURG, FL 33704

FEI Number: 59-3455726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRICKLAND, THOMAS L
4119 BAYSHORE BLVD.
ST. PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

03/09/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: STRICKLAND, THOMAS L
Address: 4119 BAYSHORE BLVD
City-St-Zip: ST PETERSBURG, FL 33703

Title: DVT () Delete
Name: STRICKLAND, BONNIE
Address: 4119 BAYSHORE BLVD.
City-St-Zip: ST. PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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

Electronic Signature of Signing Officer or Director

DPS

03/09/2007

Date