

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 304426

FILED
Apr 29, 2005
Secretary of State

Entity Name: TAMPA G MANUFACTURING CO.

Current Principal Place of Business:

1115 TWIGGS STREET
TAMPA, FL 33602

New Principal Place of Business:

5105 SOUTH LOIS AVENUE
TAMPA, FL 33611

Current Mailing Address:

1115 TWIGGS STREET
TAMPA, FL 33602

New Mailing Address:

5105 SOUTH LOIS AVENUE
TAMPA, FL 33611

FEI Number: 59-1118854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNTER, SHERYL S PA
4807A BAYSHORE BLVD.
BIGLOW-HELMS MANSION
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

SCHIFINO, JOHN A PA
201 NORTH FRANKLIN
SUITE 2600
TAMPA, FL 33602 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: JOHN SCHIFINO

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHOWALTER, JERRY M
Address: 1115 TWIGGS STREET
City-St-Zip: TAMPA, FL 33602

Title: VD () Delete
Name: SHOWALTER, TRACY J
Address: 1115 TWIGGS STREET
City-St-Zip: TAMPA, FL 33602

Title: VDAS () Delete
Name: SHOWALTER, CARY B
Address: 1115 TWIGGS STREET
City-St-Zip: TAMPA, FL 33602

Title: VD () Delete
Name: SHOWALTER, SHEA A
Address: 1115 TWIGGS STREET
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

VDAS

04/29/2005

Electronic Signature of Signing Officer or Director

Date