

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90064 001 ***300.00

DOCUMENT # 355678 1. Entity Name TAMPA BAY SYSTEMS SALES, INC.	
---	---

Principal Place of Business 902 N HIMES TAMPA, FL 33609	Mailing Address 902 N HIMES TAMPA, FL 33609
---	---

66403377



02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1274990	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent COHN, DOUGLAS B 4616 SAN MIGUEL TAMPA, FL 33609	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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

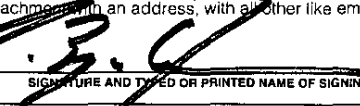
9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHN, DOUGLAS B 4616 SAN MIGUEL TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHN, MAUREEN 4616 SAN MIGUEL TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I COHN, DOUGLAS 4616 SAN MIGUEL TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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  **R. Bryan Harrison**
Vice President & CFO
Date **2/18/04** 913-977-8256
Daytime Phone #