## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # 472649

1. Entity Name

TAMPA TENT & RENTAL CO., INC.



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2102 W. WATERS AVENUE TAMPA, FL 33604 2102 W. WATERS AVENUE TAMPA, FL 33604



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

03122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1582308

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

WEISMAN, ELIOT 2102 WEST WATERS AVENUE TAMPA, FL 33604

## 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				required when reinstating)	DATE
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000747428 05/17/07-80025-010 158.75
10. OFFICERS AND DIRECTORS					
NAME STREET ADDRESS CHY-ST-ZIP	PD WEISMAN, ELIOT 2102 WEST WATERS AVENUE TAMPA, FL 33604		į		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	SD WEISMAN, NANCY JANE 2102 WEST WATERS AVENUE TAMPA, FL 33604				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TATLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officier 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 543-655