


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90453 040 ****61.25

DOCUMENT # N03000010618

1. Entity Name
ROADRUNNERS - TAMPA BAY, INC.




Principal Place of Business
**6404 N HUBERT AVE
 TAMPA, FL 33614**

Mailing Address
**6404 N HUBERT AVE
 TAMPA, FL 33614**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04212004 Chg-NP CR2E037 (10/03)

4. FEI Number
86-1077099

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FIOL, ROBERT F JR.
 6404 N HUBERT AVE
 TAMPA, FL 33614**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LOPEZ, JODY	
STREET ADDRESS	17655 EAGLE LN	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	V	<input type="checkbox"/> Delete
NAME	PINAULT, DAVE	
STREET ADDRESS	516 HIBISCUE DR	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33614	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOPEZ, JULIANA	
STREET ADDRESS	17655 EAGLE LN	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	T	<input type="checkbox"/> Delete
NAME	FIOL, ROBERT F JR	
STREET ADDRESS	6404 N HUBERT AVE	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREBLUND, ROBERT	
STREET ADDRESS	201 N.W. JEFFERSON CR. - N.#6	
CITY-ST-ZIP	St. PETERSBURG, FLA. 33702	BOARD OF DIRECTOR
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICKLITZCH, BILL	
STREET ADDRESS	7454 BAY ST. NE.	
CITY-ST-ZIP	St. PETERSBURG, FLA. 33702	BOARD OF DIRECTOR
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALUZKA, CHUCK	
STREET ADDRESS	4911 18th ST. EAST	
CITY-ST-ZIP	BRADENTON, FLA. 34203	BOARD OF DIRECTOR
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:  **ROBERT F. FIOL, JR. TREASURER** 4/19/04 - (813) 884-5967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #