


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90078 022 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04062007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**86-1077099**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **P**  Delete  
 NAME **FIOL, ROBERT F JR**  
 STREET ADDRESS **6404 N HUBERT AVE**  
 CITY-ST-ZIP **TAMPA, FL 33614**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **PALUZAK, CHUCK**  
 STREET ADDRESS **4911 - 16TH ST EAST**  
 CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **DONAULT, DAVE**  
 STREET ADDRESS **516 HUBERT DR**  
 CITY-ST-ZIP **TAMPA, FL 33617**

TITLE  Change  Addition  
 NAME **D. PINAULT, DAVE**  
 STREET ADDRESS **516 HIBISCUS DR.**  
 CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

TITLE **TS**  Delete  
 NAME **FIOL, AULIA**  
 STREET ADDRESS **6404 N HUBERT AVE**  
 CITY-ST-ZIP **TAMPA, FL 33614**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **FREDLUND, ROBERT**  
 STREET ADDRESS **201 N.W. JEFFERSON CR. N. #6**  
 CITY-ST-ZIP **SAINT PETERSBURG, FL 33702**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **FREDLAND, PATRICIA**  
 STREET ADDRESS **201 N JEFFERSON CR #6**  
 CITY-ST-ZIP **SAINT PETERSBURG, FL 33702**

TITLE  Change  Addition  
 NAME **D. KLUNK, DANNY**  
 STREET ADDRESS **2020 58TH ST. NORTH**  
 CITY-ST-ZIP **CLEARWATER, FL 33760**

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 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/5/07** Daytime Phone # **(813) 884-5867**