


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 8:00 am
Secretary of State

03-25-2004 90010 035 ****70.00

DOCUMENT # N48030		
1. Entity Name COLLECTION CONNECTION OF TAMPA, INC.		
Principal Place of Business 2399 E. BUSCH BLVD TAMPA, FL 33612		Mailing Address 2399 E. BUSCH BLVD TAMPA, FL 33612
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent REYNOLDS, HENRY E 1124 PARSONS AVENUE BRANDON, FL 33510		01112004 No Chg-NP CR2E037 (10/03) 4. FEI Number 59-3108311 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
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 <u>Henry E Reynolds</u> <u>HENRY E. REYNOLDS</u> <u>3-18-04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reappointing)</small> DATE		DO NOT WRITE IN THIS SPACE
		DO NOT WRITE IN THIS SPACE
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SJOBERG, DALE V 2209 WINDWOOD PLACE VALRICO, FL 33594	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REYNOLDS, HENRY E 1124 N PARSONS AVE N BRANDON, FL 33510	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS STWAN, JERRY 1103 S TAYLOR ROAD SEFFNER, FL 33584	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: <u>Henry E Reynolds</u> <u>4/6/04</u> <u>813-654-0836</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #		