

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50228

FILED
Mar 23, 2005
Secretary of State

Entity Name: KEEP HILLSBOROUGH COUNTY BEAUTIFUL, INC.

Current Principal Place of Business:

10014 N. DALE MABRY
SUITE 101
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 273248
TAMPA, FL 33688

New Mailing Address:

FEI Number: 59-3138161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSSER, BOB
1041 LIVE OAK AVE NE
SAINT PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHARP, HAROLD
Address: 4020 JENITA DR
City-St-Zip: PALM HARBOR, FL 34685

Title: VP () Delete
Name: BROWN, MICHAEL
Address: 1537 HIGHCREST CIR
City-St-Zip: VALRICO, FL 33594

Title: DT () Delete
Name: MUSSER, BOB
Address: 1041 LIVE OAK AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: SD () Delete
Name: WICKHAM, STEFFANIE
Address: 1410 N. 21ST STREET
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROWN, MICHAEL
Address: 1537 HIGHCREST CIR
City-St-Zip: VALRICO, FL 33594

Title: VP (X) Change () Addition
Name: DONN, ALAN M
Address: 3405 W. DR. MLK JR. BLVD
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB MUSSER

DT

03/23/2005

Electronic Signature of Signing Officer or Director

Date