


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000003604**

1. Ent'y Name  
**THE ASSOCIATION OF INFORMATION TECHNOLOGY PROFESSIONALS OF TAMPA, INC.**



Principal Place of Business  
**P.O. BOX 23745  
 TAMPA, FL 33623-3745**

Mailing Address  
**P.O. BOX 23745  
 TAMPA, FL 33623-3745**

**DO NOT WRITE IN THIS SPACE**



02042005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-6152362**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LIGNELL, SUE  
 400 ISLAND WAY #1407  
 CLEARWATER, FL 33767**

**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 \_\_\_\_\_ 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, 2005**

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

1100000222619  
 02/10/05-80009-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SERIM, FEYZI 5022 BRIDGETPORT DR. SAFTY HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTT, TERRI 12002 BREWSTER DR. TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD VEATCH, MARSHALL 614 SHADY NOOK DR BRANDON, FL 335117973
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LIGNELL, SUE 400 ISLAND WAY #1407 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ILGEN, JOHN 5813 MPERIAL KEY TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BROUGHTON, KAREN 24234 TWIN LAKE DRIVE LAND O LAKES, FL 34639

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: MARSHALL VEATCH **MARSHALL VEATCH (Treasurer)** 2/5/05 (813) 972-6197  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #