2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000006985

1. Entity Name
TAMPA BAY RAIDERS, INC.

Principal Place of Business	Mailing Address
9427 CORPORATE LAKE DRIVE TAMPA, FL 33634	9427 CORPORATE LAKE DRIVE TAMPA, FL 33634

04132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3620573
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOORE, STEVEN W ESQ.
8200 BRYAN DAIRY ROAD
STE 300
LARGO, FL 33777

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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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FEST, CHARLES W JR.
STREET ADDRESS	9427 CORPORATE LAKE DRIVE
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D
NAME	MOORE, STEVEN W
STREET ADDRESS	8200 BRYAN DAIRY ROAD, SUITE 300
CITY-ST-ZIP	LARGO, FL 33777
TITLE	D
NAME	COOPER, C. BRETT
STREET ADDRESS	201 E. KENNEDY BLVD., SUITE 334
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80127-015 61.25

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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: _____ 04/14/06 813-886-5597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #