## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # P03000006457 A INVESTMENT PROPERTIES OF TAMPA, INC. Principal Place of Business Mailing Address 4523 W. HIAWATHA STREET TAMPA FL 33614 4523 W. HIAWATHA STREET **TAMPA FL 33614** 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 01-0762992 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEFLER, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 4523 W. HIAWATHA STREET **TAMPA FL 33614** City 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 tille if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete HILE ☐ Change Addition LEFLEN, ANTHONY NAME NAME STREET ADDRESS 4523 W. HIANATHN STREET ADDRESS TAMPA FL 33614 CITY-ST-ZIP CITY ST-ZIP HILE Delete Change ☐ Addition U0U000285920 NAME NAME 04/04/05-80007-015 150.00 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-ZIP UUF ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete THEF ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CILY ST-ZIP TITLE Delete Addition HHE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP

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changed, or on an attachment with an address, with all other like empowered.

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if