

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90007 016 \*\*\*150.00



**DOCUMENT # P03000006457**

1. Entity Name  
**A INVESTMENT PROPERTIES OF TAMPA, INC.**

Principal Place of Business  
**4523 W. HIAWATHA STREET  
 TAMPA, FL 33614**

Mailing Address  
**4523 W. HIAWATHA STREET  
 TAMPA, FL 33614**



03032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **01-0762992** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEFLER, ANTHONY  
 4523 W. HIAWATHA STREET  
 TAMPA, FL 33614**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                |                                  |
|----------------|----------------------------------|
| TITLE          | P                                |
| NAME           | LEFLEB, ANTHONY                  |
| STREET ADDRESS | 4523 W. HIAWATHA <i>Hiawatha</i> |
| CITY-ST-ZIP    | TAMPA, FL 33614                  |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |

**DO NOT WRITE  
 IN THIS SPACE**

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 607, 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:** *Anthony Lefler* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 3/11/08 **Date** (813) 242-6464 **Daytime Phone #**