

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-01-2004 90002 026 ***150.00

DOCUMENT # P03000028915					
1. Entity Name TAMPA BAY THERAPY, INC.					
Principal Place of Business 12105 LEXINGTON PARK DRIVE TAMPA, FL 33626			Mailing Address 12105 LEXINGTON PARK DRIVE TAMPA, FL 33626		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08252004 Chg-P CR2E034 (10/03)	
4. FEI Number 45-1173915				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATKINS, CARL T CPA 5103 MEMORIAL HWY TAMPA, FL 33634			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODD, JASMINE C 12105 LEXINGTON PARK DRIVE TAMPA, FL 33626 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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)(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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Jasmine C. Dodd</i>			6/20/04 813-891-0358		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Attachment

66A30043
#P03000028915

CARL T. WATKINS, P.A.
CERTIFIED PUBLIC ACCOUNTANT

5103 Memorial Hwy.
Tampa, Florida 33634
813-884-7245
FAX 813-885-3478

Member
American Institute of
Certified Public Accountants

Member
Florida Institute of
Certified Public Accountants

July 12, 2004

Ms. Glenda E. Hood
State of Florida
Department of State
Division of Corporations
2670 Executive Center Circle
Tallahassee, FL 32301

Dear Ms. Hood;

I am writing this letter in regards to my client, Tampa Bay Therapy, Inc., Document Number P03000028915. Ms. Jasmine Dodd, as President of the above named corporation, claims that she never received any renewal notice for their corporation for the year 2004. In the course of the last year I have incorporated and have and continue to be the Registered Agent for some three-dozen clients. We do inform each client of the severity of the Uniform Business Report that they receive on an annual basis. In knowing Jasmine Dodd, President of Tampa Bay Therapy, Inc., I would have to believe that if she did receive the renewal notices, that she would have contacted me for guidance, which she never did.

I am requesting that, this one time, you waive the reinstatement fee and allow them to stay in the active status. We have completed the necessary Uniform Business Reports and added the required Federal Employers Identification Number. And you already have her check in the amount of \$150 for the year 2004. Any assistance you can provide would be greatly appreciated.

Sincerely,

Carl T. Watkins

Carl T. Watkins, CPA

Encl. (1)