

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123001

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: TAMPA BAY TECHNOLOGY FINANCE, CORP.

**Current Principal Place of Business:**

5441 PROVOST DRIVE  
HOLIDAY, FL 34690

**New Principal Place of Business:**

**Current Mailing Address:**

5441 PROVOST DRIVE  
HOLIDAY, FL 34690

**New Mailing Address:**

FEI Number: 20-3456390      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMPSON III, JOHN F  
5441 PROVOST DRIVE  
HOLIDAY, FL 34690      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NOWELS, ROBERT  
Address: 4904 CREEKSIDE DRIVE  
City-St-Zip: CLEARWATER, FL 33760

Title: VPD ( ) Delete  
Name: MIKLOS, STEPHEN J  
Address: 6922 RIVER ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VPD ( ) Delete  
Name: WAGNER, PETER  
Address: 2147 COLUSA COURT  
City-St-Zip: PALM HARBOR, FL 34683

Title: STD ( ) Delete  
Name: THOMPSON III, JOHN F  
Address: 4206 CARROLLWOOD VILLAGE CT.  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.F.THOMPSON

D

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date