FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORFORATIONS

ANNUAL REPOR
1006

DOCUMENT # P9300008025 (7)

	C. OF TAMPA, INC.						
Principa: Place of Business 605 CHANCELLAR DR. LUTZ FL 33549 US		Mailing Arldress 605 CHANCELLAR DI LUTZ FL 33549 US	605 CHANCELLAR DR. LUTZ FL 33549			. TERMORI SIR TOTOE MIN ERST ROUN BEIN REIN DRIVE BRID BRID HORE BUILDER	
03		00				3. Date Incorporated or Qualified 3a. Date of East Report	
5 D:		The second of the second				02/01/1993 04/18/1995	
2. Principal Place of Business		28. Mailing Address				4. FEI Number Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				59-3163182 Not Applicable 5 Cod fine of Carlon Danier	
22]		27	·			5. Certificate of Status Desired	
City & State 23		Orty & State	···•			6. Election Campaign Financing Trust Fund Contribution Added to Fees	
Zip	Country	Zip	J }	untry		8.7This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30	.,		Florida Statutes 🗹 Yes 🗌 No	
	9. Name and Address of Curi	rent Registered Agent				10. Name and Address of New Registered Agent	
				81	Name		
CHRIST			82	Street .	Address (P.O. Box Number is Not Acceptable)		
	COND STREET EAST						
STE. 231				83			
INDIAN F	ROCKS BEACH FL 34635			84	City	85 Zip Code	
44 5						FL 18 25 cons	
11. Pursuant to or register	to the provisions of Sections 607.03 led agent, or both, in the State of Fl	802 and 607.1508, Florida State orida: Such change was author	ites, the abi	ove-r corps	named co oration s	orporation submits this statement for the purpose of changing its registered office board of directors. Thereby accept the appointment as registered agent. Lam	
familiär wit	th and accept the obligations of, Se	ection 601 0505, Florida Statuti	95.				
SIGNATURE							
12.	Signature, typed or printed name of registered as	AND DIRECTORS	VOTE: Registere		i signature r	required when renstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	DELETE		TITLE			
NAME	WASIELEWSKI, KAREN		i i	IAME		Thomas Wasiclewski	
STREET ADDRESS	605 CHANCELLAR DR.			1.3 STREET ADDRESS		Los chancellar Ar	
CITY - ST - ZIP	LUTZ FL			DITY-S		hutz Fh 33549	
TITLE		DELETE		II'LE		S/T Change Addition	
NAME				MAME		Karen Wasielewski	
STREET ADDRESS			235	2.3 STHEET ADDRESS		605 Chancellar Dr	
CHTY - \$T - ZIP			i i	DITY S		hutz FA 33549	
TITLE				TITLE		Change Addition	
NAME			321	1AME			
STREET ACORESS			31	STREET	FADDRESS		
CITY - ST - ZIP			34(DITY - S	T - ZIP		
TITLE	DELETE 4 1		IITLE		☐ Change ☐ Addition		
NAME			421	NAME			
STREET ADDRESS			433	STREET	ADDRESS		
CITY - \$1 - ZIP			44(CHY S			
CHTY-ST-ZIP TITLE		DECFIE	44 (5 1	TITLE		Change Addition	
CHY-ST-ZIP TITLE NAME		☐ DELFTE	44 (5 1 5 2 h	CHY S TITLE NAME	T - ZIP	☐ Change ☐ Addition	
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CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME		<u></u>	44(51 52N 538 54(61 62N	CHY S TITLE NAME STREET CHY-S TITLE	T - ZIP ADDRESS T - ZIP		
CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE		<u></u>	44(5 1 5 2 h 5 3 8 5 4 (6 1 6 2 h 6 3 8	CHY S TITLE NAME STREET CHY-S TITLE	ADDRESS T-ZIP ADDRESS		

4. To hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.0(3)(k), Florida Statutes. Hurther certify that the information indicated on this annual report or supplemental annual 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 of the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an ultrachment with an address.

SIGNATURE:

Thomas Waseling of Signature and Typed on PRINTED NAME OF SIGNING OFFICER OR OFFICER

CR2E03

Data Stayton Phone #