


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000072441
 1. Entity Name
 NEW TAMPA, INC.



Principal Place of Business Mailing Address
 6000 COMPTON ESTATES WAY 6000 COMPTON ESTATES WAY
 TAMPA, FL 33647 US TAMPA, FL 33647 US

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3260340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INGLIS, JOHN S
 SHUMAKER, LOOP & KENDRICK, LLP
 101 E KENNEDY BLVD #2800
 TAMPA, FL 33602

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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, 2004 Fee will be \$550.00

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

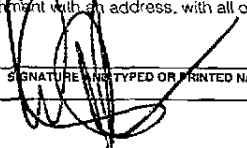
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KINSLER, WARREN
STREET ADDRESS	6000 COMPTON ESTATES WAY
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	D
NAME	WILF, LEONARD
STREET ADDRESS	820 MORRIS TURNPIKE
CITY-ST-ZIP	SHORT HILLS, NJ 07078
TITLE	D
NAME	WILF, ZYGMUNT
STREET ADDRESS	820 MORRIS TURNPIKE
CITY-ST-ZIP	SHORT HILLS, NJ 07078
TITLE	D
NAME	WILF, MARK
STREET ADDRESS	820 MORRIS TURNPIKE
CITY-ST-ZIP	SHORT HILLS, NJ 07078
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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:  Warren Kinsler, Director 1/23/04 813/910-7914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #