

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 14, 2008 08:00 AM
Secretary of State**

DOCUMENT # P95000033670

1. Entity Name

BUSCH BLVD. LAND CORP.



Principal Place of Business

9000 NORTH 18TH STREET
TAMPA, FL 33604

Mailing Address

9000 N. 18TH ST.
SUITE A
TAMPA, FL 33604



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3315685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AZZARELLI, THOMAS J
9000 N. 18TH ST.
STE A
TAMPA, FL 33604

**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

Signature, typed or printed name of registered agent and title if applicable

(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

U00000781627
01/15/08-80040-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AZZARELLI, MICHAEL A 9000 NORTH 18TH STREET TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AZZARELLI, THOMAS J 9000 N. 18TH ST. A TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AZZARELLI, STEPHEN P 9000 NORTH 18TH ST TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAILS, JOAN M 9000 N 18TH ST TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEESLER, JANET A 9000 N 18TH ST TAMPA, FL 33604
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08

Date

813-935-9567

Daytime Phone #