

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90033 033 ***150.00

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1. Entity Name
TAMPA HYPERBARIC ENTERPRISE, INC.



Principal Place of Business
**10104 LAKE COVE LANE
TAMPA, FL 33618-4319**

Mailing Address
**700 WEST WATERS AVE.
TAMPA, FL 33604**

40900268



2. Principal Place of Business

3. Mailing Address

10104 LAKE COVE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TAMPA FL

Zip

Country

Zip

33618-4319

Country

01042006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3585610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAPRIA, MICHAEL
10104 LAKE COVE LANE
TAMPA, FL 33618-4319**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CAPRIA, MICHAEL**
STREET ADDRESS **10104 LAKE COVE LANE**
CITY-ST-ZIP **TAMPA, FL 336184319**

TITLE **D** ☐ Delete
NAME **CAPRIA, LORRAINE K**
STREET ADDRESS **10104 LAKE COVE LANE**
CITY-ST-ZIP **TAMPA, FL 336184319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michael Capria
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL CAPRIA

01-05-06

8133919473

Date

Daytime Phone #