

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50228

FILED  
Mar 23, 2005  
Secretary of State

Entity Name: KEEP HILLSBOROUGH COUNTY BEAUTIFUL, INC.

**Current Principal Place of Business:**

10014 N. DALE MABRY  
SUITE 101  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 273248  
TAMPA, FL 33688

**New Mailing Address:**

FEI Number: 59-3138161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MUSSER, BOB  
1041 LIVE OAK AVE NE  
SAINT PETERSBURG, FL 33703 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHARP, HAROLD  
Address: 4020 JENITA DR  
City-St-Zip: PALM HARBOR, FL 34685

Title: VP ( ) Delete  
Name: BROWN, MICHAEL  
Address: 1537 HIGHCREST CIR  
City-St-Zip: VALRICO, FL 33594

Title: DT ( ) Delete  
Name: MUSSER, BOB  
Address: 1041 LIVE OAK AVE NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: SD ( ) Delete  
Name: WICKHAM, STEFFANIE  
Address: 1410 N. 21ST STREET  
City-St-Zip: TAMPA, FL 33605

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

Title: PD (X) Change ( ) Addition  
Name: BROWN, MICHAEL  
Address: 1537 HIGHCREST CIR  
City-St-Zip: VALRICO, FL 33594

Title: VP (X) Change ( ) Addition  
Name: DONN, ALAN M  
Address: 3405 W. DR. MLK JR. BLVD  
City-St-Zip: TAMPA, FL 33607

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 for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB MUSSER

DT

03/23/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date