

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50228

FILED
Feb 04, 2008
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:

ECKERT, TIM
3629 QUEEN PALM DRIVE
TAMPA, FL 33619 US

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: TIM ECKERT

02/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, MIKE
Address: 4225 DRANE FIELD ROAD
City-St-Zip: LAKELAND, FL 33811

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

Title: DT () Delete
Name: ECKERT, TIM
Address: 1410 N. 21ST ST.
City-St-Zip: TAMPA, FL 33605

Title: SD () Delete
Name: NOVAK, KATHRYN
Address: 449 CENTRAL AVE.
City-St-Zip: ST. PETERSBURG, FL 33703

Title: ED () Delete
Name: COMMERCE, CHRISTINE E
Address: 10014 N. DALE MABRY, STE. 101
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PLATT, JAN
Address: 3531 VILLAGE WAY
City-St-Zip: TAMPA, FL 33629

Title: VP (X) Change () Addition
Name: GROSS, JOE
Address: 11250 N. 58TH ST.
City-St-Zip: TAMPA, FL 33687

Title: DT (X) Change () Addition
Name: ECKERT, TIM
Address: 3629 QUEEN PALM DRIVE
City-St-Zip: TAMPA, FL 33619

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 exemption stated 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 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: CHRISTINE COMMERCE

ED

02/04/2008

Electronic Signature of Signing Officer or Director

Date