

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 355678

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** TAMPA BAY SYSTEMS SALES, INC.

**Current Principal Place of Business:**

902 N HIMES AVE  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

902 N HIMES AVE  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 59-1274990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHN, DOUGLAS B  
4616 SAN MIGUEL  
TAMPA, FL 33609 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: CEOS  
Name: COHN, DOUGLAS B  
Address: 902 N. HIMES AVENUE  
City-St-Zip: TAMPA, FL 33609

Title: P  
Name: ALLISON, JAY  
Address: 902 N. HIMES AVENUE  
City-St-Zip: TAMPA, FL 33609

Title: V  
Name: COHN, MAUREEN  
Address: 902 N. HIMES AVENUE  
City-St-Zip: TAMPA, FL 33609

Title: V  
Name: GARCIA, ROBERT  
Address: 902 N. HIMES AVENUE  
City-St-Zip: TAMPA, FL 33609

Title: CFO  
Name: HODSON, JOHN  
Address: 902 N. HIMES AVENUE  
City-St-Zip: TAMPA, FL 33609

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN HODSON

CFO

04/18/2011

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

\_\_\_\_\_  
Date