

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 596433

FILED
Jan 03, 2005
Secretary of State

Entity Name: THE WOODEN NICKEL OF TAMPA, INC.

Current Principal Place of Business:

1441 E. FLETCHER
SUITE 141
TAMPA, FL 33612 US

New Principal Place of Business:

1441 E. FLETCHER AVE
SUITE 141
TAMPA, FL 33612 US

Current Mailing Address:

1441 E. FLETCHER
SUITE 141
TAMPA, FL 33612 US

New Mailing Address:

1441 E. FLETCHER AVE
SUITE 141
TAMPA, FL 33612 US

FEI Number: 59-1867743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVERI JR, VINCENT
5306 CANNERY CT.
TAMPA, FL 33647 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVS () Delete
Name: OLIVERI JR, VINCENT,
Address: 5306 CANNERY CT.
City-St-Zip: TAMPA, FL

Title: T () Delete
Name: OLIVERI JR, VINCENT,
Address: 5306 CANNERY CT.
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: VINCENT OLIVERI JR

P

01/03/2005

Electronic Signature of Signing Officer or Director

Date