2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008
Secretary of State

DOCUMENT# 668484

Entity Name: TAMPA ACCESSORY INCORPORATED

Current Principal Place of Business:

7219 BENJAMIN RD
F
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

7219 BENJAMIN RD
F
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-2028796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINETTE, SHEREE
7219 F BENJAMIN RD
TAMPA, FL 33634 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:	PD	( ) Delete
Name:	ROBINETTE, SHEREE	
Address:	5321 BLACK PINE DR	
City-St-Zip:	TAMPA, FL 33624	
Title:	S	( ) Delete
Name:	TYSZKO, WILLIAM A	
Address:	5321 BLACK PINE DR	
City-St-Zip:	TAMPA, FL 33624	
Title:	T	( ) Delete
Name:	ROBINETTE, PATRICIA	
Address:	208 N. PINE DR.	
City-St-Zip:	TAMPA, FL 33613	
Title:	V	( ) Delete
Name:	DEVITO, NANCY	
Address:	3008 ASHLAND TERR	
City-St-Zip:	CLEARWATER, FL 33761	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEREE ROBINETTE PD 01/28/2008

Electronic Signature of Signing Officer or Director — Date