## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2008 8:00 am Secretary of State

04-17-2008 90030 006 \*\*\*\*61 25

1. Entity Nam	MENT #701093  CONTRACTOR OF GASPARILLA	Д				04-1 / -2008	90030 006	0 *************************************	1.23
Principal Place 813 W. KENN SUITE #201 TAMPA, FL 3	IEDY BLVD.	Mailing Address P.O. BOX 1514 TAMPA, FL 33601 U	S		4	007027	1		
	lace of Business - No P.O. Box #	3. Mailing Address				TIBE IIDÎN BYND IBIDA IN	I SIBU BUEN BULN B		HU 01 4601
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04092008	Chg-NP	CR2E037	(12/06)	
Tampa, 1-L		City & State	·			523			plied For t Applicable
336	Country Country	Zip	Count	iry		f Status Desired	□ Ėe	3.75 Add e Required	
	6. Name and Address of Current R	egistered Agent	-	Name	7. Name and A	Address of New F	Registered Age	ent	
TARBET, JAMES 813 W. KENNEDY BLVD. #201			Ĺ	Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, FI	L 33606			,					
				City Tam	na.	,	FL	Zip Code	606
	named entity submits this statement for	the purpose of changing its re	egistered			, in the State of Flo	orida. I am fan		
SIGNATURE .	ions of registered agent.					4	1968	•	
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered A	Agent signature require	d when reinstating)		DATE		The second
	Signature, typed or printed name of registered agent an Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Fina	ancing	\$5.00 May Be Added to Fees		Make check p		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trusted employed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a page of the proposed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a page of the proposed in t

SIGNATURE:

D 17 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08

813 251 450b Daytime Phone #