


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State


04-25-2007 90186 012 ****61.25

DOCUMENT # 703662	
1. Entity Name SALES AND MARKETING EXECUTIVES OF TAMPA BAY, INC	

Principal Place of Business 1515 N. WESTSHORE BLVD. TAMPA, FL 33607 US	Mailing Address 1515 N. WESTSHORE BLVD. TAMPA, FL 33607 US
--	--

DO NOT WRITE IN THIS SPACE

40080913



04042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6153325	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ARNHYM, ROLFE 1515 N. WESTSHORE BLVD. TAMPA, FL 33607	DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED ARNHYM, ROLFE P.O. BOX 23483 TAMPA, FL 336233483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD COUNTER, JOHN P.O. BOX 23483 TAMPA, FL 336233483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LATTA, WILLIAM P.O. BOX 23483 TAMPA, FL 336233483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2CED TERP, STEVE P.O. BOX 23483 TAMPA, FL 336233483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FREY, BOB P.O. BOX 23483 TAMPA, FL 336233483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 trustee empowered 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 an address, with all other like empowered.

SIGNATURE: <u>Rolfe G. Arnhym</u>	4/16/07	(813) 289-5909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #