

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727519

FILED
Apr 17, 2007
Secretary of State

Entity Name: TAMPA PRESERVATION, INC.

Current Principal Place of Business:

2007 NORTH 18 ST. (33605)
P O BOX 18061
TAMPA, FL 33679

New Principal Place of Business:

2007 NORTH 18 ST.
TAMPA, FL 33605

Current Mailing Address:

2007 NORTH 18 ST. (33605)
P O BOX 18061
TAMPA, FL 33679

New Mailing Address:

P O BOX 18061
TAMPA, FL 33679

FEI Number: 59-1547857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, ANNA C P
821 S. ORLEANS
TAMPA, FL 33606 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: P () Delete
Name: THOMAS, ANNA C P
Address: 821 S. ORLEANS
City-St-Zip: TAMPA, FL 33606

Title: VPD () Delete
Name: KELLY, GRACE V
Address: 2528 SUNSET DR.
City-St-Zip: TAMPA, FL 33629

Title: TD () Delete
Name: JONES, JENNIFER T
Address: 4636 N. ROME AVE.
City-St-Zip: TAMPA, FL 33603

Title: VPD () Delete
Name: GONZALEZ, ROBIN V
Address: 2520 W JETTON AVE
City-St-Zip: TAMPA, FL 33629

Title: S () Delete
Name: PECK, JO-ANNE S
Address: 2114 W. MARJORY AVE.
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LAFAVE, OWEN
Address: 6005 W. SUWANEE AVE.
City-St-Zip: TAMPA, FL 33604

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PECK, JO-ANNE S
Address: 4060 CASA COURT
City-St-Zip: HERNANDO BEACH, FL 34607

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA C. THOMAS

P

04/17/2007

Electronic Signature of Signing Officer or Director

Date