2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State
02-18-2005 90065 040 ****70.00

DOCUMENT # 738301

1. Entity Name
TAMPA CROSSROADS, INC.

Principal Place of Business	Mailing Address
5120 N. NEBRASKA AVENUE TAMPA, FL 33603	5120 N. NEBRASKA AVENUE TAMPA, FL 33603

01102005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1743719 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~GISSENDANNER, BUDDY~~ ~~1726 E. 7TH AVENUE~~ ~~TAMPA, FL 33605~~	Name: Patricia Kemp Street Address (P.O. Box Number is Not Acceptable): 5118 Seminole Ave. Tampa Fl. City: FL Zip Code: 33603

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: Patricia Kemp Esq. DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C GISSENDANNER, BUDDY ESQ 1726 E. 7TH AVENUE TAMPA, FL 33605	☑ ~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP E. MARTINEZ Annex - 5th Floor Courthouse Tampa. Fl. 33602	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PE~~ P KEMP, PAT ESQ 5118 SEMINOLE AVE TAMPA, FL 33603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVE FINKEL 2404 Jetton Ave Tampa Fl. 33629	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOLT, JULIANNE ESQ. P.O. BOX 172910 TAMPA, FL 33672	☑ ~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBER, THOMAS ESQ P.O. BOX 3239 TAMPA, FL 33601	☑ ~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAUGHTON, DAVID 405 N. REO STREET, SUITE 260 TAMPA, FL 33609	☑ ~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SECKEL HUNTER ESQ., SHERYL THE CARRIAGE HOUSE BIGLOW-HELMS MANSION TAMPA, FL 33611	☐ ~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Tina Romeo 1-11-05 (813) 238-8557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #