


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 21, 2004 8:00 am**  
**Secretary of State**

05-21-2004 90002 022 \*\*\*\*61.25

<b>DOCUMENT # 764205</b> 1. Entity Name <b>EXECUTIVE SERVICE CORPS OF TAMPA BAY, INC.</b>	
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Principal Place of Business <b>1411 N. WESTSHORE BLVD. #213 TAMPA, FL 33607 US</b>	Mailing Address <b>1411 WEST SHORE BLVD SUITE 213 TAMPA, FL 33607-4529 US</b>
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04000042



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

01122004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>58-1483906</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HALE, ROBERT G 1411 N. WESTSHORE BLVD., #213 TAMPA, FL 33607</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2004

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	PD CALLAHAN, FRANK PO BOX 10655 TAMPA, FL 33679 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 3211 Swann Ave #207 Tampa FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIRDORFF, ROBERT 14306 KELLINGREW PL TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Will Michaels 4215 Bahia Shores St Petersburg FL 33705 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREUNDLICH, AUGUST 18407 TIMBERLAN DRIVE LUTZ, FL 33549 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Freundlich, August 18407 Timberlan Dr Lutz, FL 33549 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HONLON, DAVE PO BOX 3324 TAMPA, FL 33601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mike Martin 17313 Hialeah Dr Tampa FL 33556 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FREUNDLICH, AUGUST 18407 TIMBERLAN DR LUTZ, FL 33549 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Grans Ammon 9119 Wareham Dr Tampa FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carol Dyckus 3310 S. San Miguel Tampa FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: 

05/05/04 R13 632 8210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #