

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # F02325 1. Entity Name TAMPA LANES, INC.	
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Principal Place of Business 14020 LAKE BLUFF COURT C/O JOSEPH HANSON TAMPA, FL 33624	Mailing Address 14020 LAKE BLUFF COURT C/O JOSEPH HANSON TAMPA, FL 33624
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01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2030914	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HANSON, JOSEPH 14020 LAKE BLUFF COURT TAMPA, FL 33624	DO NOT WRITE IN THIS SPACE
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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 *Joseph Hanson* *Piles* DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000590325 01/18/07-80051-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS HANSON, JOSEPH 14020 LAKE BLUFF CT. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANSON, JOSEPH 14020 LAKE BLUFF CT. TAMPA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 607, 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: *Joseph Hanson* *Piles* 1-12-06 813-933-7634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #