


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2008 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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07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2030914	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 HANSON, JOSEPH 14020 LAKE BLUFF COURT TAMPA, FL 33624
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

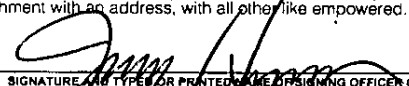
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS HANSON, JOSEPH 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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07/11/08-80011-001 550.00

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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:  _____
SIGNATURE, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #