

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14230

FILED
Jan 27, 2005
Secretary of State

Entity Name: TAMPA BAY AVIATION, INC.

Current Principal Place of Business:

2633 CAUESWAY BLVD
PO BOX 5777
TAMPA, FL 33675

New Principal Place of Business:

Current Mailing Address:

BOX 5777
PO BOX 5777
TAMPA, FL 33675

New Mailing Address:

FEI Number: 59-2827047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERSAGGI, JOSEPH A
2633 CAUSEWAY BLVD
TAMPA, FL 33619 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: DANCE, KEN,
Address: 216 E ROBERTSON ST
City-St-Zip: BRANDON, FL

Title: SD () Delete
Name: DANCE, TIM,
Address: 216 E ROBERTSON ST
City-St-Zip: BRANDON, FL

Title: PD () Delete
Name: MCCOY ROBERT,
Address: 3615 E LAKE AVE
City-St-Zip: TAMPA, FL 33610

Title: TD () Delete
Name: VERSAGGI, JOE,
Address: 2633 CAUSEWAY BLVD
City-St-Zip: TAMPA, FL

Title: VD () Delete
Name: HUNTER, PAUL,
Address: 4616 BROWNING AVENUE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: HALPERN, DAVID,
Address: 120 S FREEMONT STREET
City-St-Zip: TAMPA, FL 33606

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

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

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

Title: VD (X) Change () Addition
Name: HUNTER, PAUL,
Address: 1111 WESTSHORE AVE. SUITE 500
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A. VERSAGGI

TD

01/27/2005

Electronic Signature of Signing Officer or Director

Date