

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F47066

FILED
Apr 25, 2006
Secretary of State

Entity Name: CHECKER CAB COMPANY OF TAMPA, INC.

Current Principal Place of Business:

502 N OREGON
P.O.BOX 1748 (33601)
TAMPA, FL 33606

New Principal Place of Business:

502 N OREGON
P.O.BOX 1748
TAMPA, FL 33601

Current Mailing Address:

502 N OREGON
P.O.BOX 1748 (33601)
TAMPA, FL 33606

New Mailing Address:

502 N OREGON
P.O.BOX 1748
TAMPA, FL 33601

FEI Number: 59-2353438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINARDI, DARRYL K
502 N OREGON
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

MINARDI, GLENN A STD
502 N OREGON
TAMPA, FL 33606 US

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: GLENN A. MINARDI

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MINARDI, DARRYL
Address: 502 N OREGON
City-St-Zip: TAMPA, FL 00000,

Title: STD () Delete
Name: MINARDI, GLENN
Address: 502 N OREGON
City-St-Zip: TAMPA, FL 00000,

Title: PD () Delete
Name: MINARDI, LOUIS A JR,
Address: 502 N OREGON
City-St-Zip: TAMPA, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: MINARDI, LOUIS A
Address: 502 N OREGON
City-St-Zip: TAMPA,, FL 33606

Title: STD (X) Change () Addition
Name: MINARDI, GLENN
Address: 502 N OREGON
City-St-Zip: TAMPA,, FL 33606

Title: D (X) Change () Addition
Name: MINARDI, JOSEPH
Address: 502 N OREGON
City-St-Zip: TAMPA,, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GLENN A MINARDI

STD

04/25/2006

Electronic Signature of Signing Officer or Director

Date