


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED  
5/4 Jun 24, 2005 8:00 am  
Secretary of State

05-04-2005 90164 004 \*\*\*150.00

|                                        |                                                                                   |
|----------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # F95000002267                |  |
| 1. Entity Name<br>TAMPA BAY G.S., INC. |                                                                                   |

|                                                                             |                                                                 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business<br>1300 METROPOLITAN<br>OKLAHOMA CITY, OK 73108 | Mailing Address<br>1300 METROPOLITAN<br>OKLAHOMA CITY, OK 73108 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**

66023722



04282005 No Chg-P CR2E034 (10/03)

|                                                                                          |                               |
|------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>73-1470896                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>FORE, STACY Robert Nuccio<br>2700+U.S. 19 NORTH 4290 Dundee Dr.<br>SUITE 1015<br>CLEARWATER FL 34621 Lake Worth, FL<br>33467 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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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 Michelle Chilton (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                         |                                                                                |
|----------------------------------------------------|--------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | Director<br>COUNTS, JACK E JR.<br>1300 METROPOLITAN<br>OKLAHOMA CITY, OK 73108 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | ELLIS, BEVERLY<br>1300 METROPOLITAN<br>OKLAHOMA CITY, OK 73108                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>CHILTON, MICHELLE S<br>1300 METROPOLITAN<br>OKLAHOMA CITY, OK 73108      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CFO<br>HARDAWAY, KYP<br>1300 METROPOLITAN<br>OKLA. CITY, OK 73108              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | Pres<br>O'Neal James P.<br>2601 NETWORK AVE SE 407<br>Frisco TX 75034          |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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: Michelle Chilton Date 4/28/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #