


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # G83085					
1. Entity Name VIJAY'S OF TAMPA, INC.					
Principal Place of Business 10924 NEBRASKA AVENUE TAMPA FL 33612			Mailing Address 10924 NEBRASKA AVENUE TAMPA FL 33612		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2384025	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RIGAN, ROGER 200 W MARTIN LUTHER KING TAMPA FL 33603				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Betty J Seal</i> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete			
NAME	SEAL, BETTY J				
STREET ADDRESS	200 W MARTIN LUTHER KING				
CITY- ST- ZIP	TAMPA FL				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	REDMOND, WILLIAM J				
STREET ADDRESS	804 ANNIE ST				
CITY- ST- ZIP	TAMPA FL 33612				
TITLE	C	<input type="checkbox"/> Delete			
NAME	SEAL, ERNEST				
STREET ADDRESS	1901 WALLACE RD				
CITY- ST- ZIP	LUTZ FL 33549				
TITLE	ST	<input type="checkbox"/> Delete			
NAME	RIGAN, KATHY				
STREET ADDRESS	200 W MLK BLVD				
CITY- ST- ZIP	TAMPA FL 33603				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					



1st MOORE CR2E034 (10/06)

4. FEI Number 59-2384025

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Betty J Seal* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	U00000616338	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	SEAL, BETTY J			NAME	02/07/07-80024-012	150.00	
STREET ADDRESS	200 W MARTIN LUTHER KING			STREET ADDRESS			
CITY- ST- ZIP	TAMPA FL			CITY- ST- ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	REDMOND, WILLIAM J			NAME			
STREET ADDRESS	804 ANNIE ST			STREET ADDRESS			
CITY- ST- ZIP	TAMPA FL 33612			CITY- ST- ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	SEAL, ERNEST			NAME			
STREET ADDRESS	1901 WALLACE RD			STREET ADDRESS			
CITY- ST- ZIP	LUTZ FL 33549			CITY- ST- ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	RIGAN, KATHY			NAME			
STREET ADDRESS	200 W MLK BLVD			STREET ADDRESS			
CITY- ST- ZIP	TAMPA FL 33603			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Betty J Seal* *Betty J Seal P* 1/29/07 813-972 927 5288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #