

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # J08510**

1. Entity Name  
**TAMPA BAY PUBLICATIONS, INC.**



Principal Place of Business  
**2531 LANDMARK DR #101  
CLEARWATER, FL 33761 US**

Mailing Address  
**2531 LANDMARK DR #101  
CLEARWATER, FL 33761 US**



03282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2669154</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FODIMAN, AARON  
2864 PHEASANT RUN  
CLEARWATER, FL**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000905789  
05/01/08-80066-010 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FODIMAN, AARON 2864 PHEASANT RUN CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACONI, MARK 31111 U.S. HWY. 19 NORTH PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORONES, DAVID N 3907 MILLPOND CT. #156 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURNSIDE, MARGARET WORD 1037 VICTORIA DRIVE DUNEDIN, FL

**DO NOT WRITE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/08**

Date

**727-791-4800**

Daytime Phone #