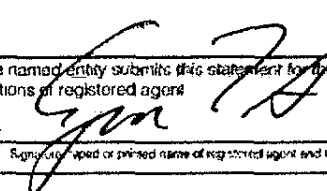
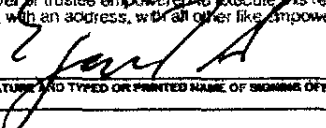


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # J33969 1. Entity Name BUSINESS CARD EXPRESS OF TAMPA BAY, INC.		
Principal Place of Business 14000 63RD WAY N. CLEARWATER, FL 33760		Mailing Address 14000 63RD WAY N. CLEARWATER, FL 33760
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STESLUCKI, EUGENE F. 14000 63RD WAY N. CLEARWATER, FL 33760		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:  DATE: 4/18/05 Signature typed or printed name of registered agent and title if applicable. (BLOCK) Registered Agent signature required when installing.		
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 NAME STREET ADDRESS CITY-ST-ZIP	PTD STESLUCKI, EUGENE 215 HARRISON BELLEAIR BCH., FL 33786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  EUGENE STESLUCKI		4/18/05 (727) 535 7769 Date Dependent Fee #



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1697263	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

U00000339151
04/28/05-80065-003 150.00

**DO NOT WRITE
IN THIS SPACE**