

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J49223

FILED
Jan 14, 2009
Secretary of State

Entity Name: TAMPA G CORPORATION

Current Principal Place of Business:

5105 SOUTH LOIS AVENUE
TAMPA, FL 33611

New Principal Place of Business:

4916 SOUTH LOIS AVENUE
TAMPA, FL 33611

Current Mailing Address:

5105 SOUTH LOIS AVENUE
TAMPA, FL 33611

New Mailing Address:

4916 SOUTH LOIS AVENUE
TAMPA, FL 33611

FEI Number: 59-2752634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIFINO, JOHN A PA
201 NORTH FRANKLIN
SUITE 2600
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHOWALTER, JERRY
Address: 5105 SOUTH LOIS AVENUE
City-St-Zip: TAMPA, FL 33611

Title: VD () Delete
Name: SHOWALTER, TRACY J
Address: 5105 SOUTH LOIS AVENUE
City-St-Zip: TAMPA, FL 33611

Title: VDAS () Delete
Name: SHOWALTER, CARY B
Address: 5105 SOUTH LOIS AVENUE
City-St-Zip: TAMPA, FL 33611

Title: VD () Delete
Name: SHOWALTER, SHEA A
Address: 5105 SOUTH LOIS AVENUE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHOWALTER, JERRY
Address: 4916 SOUTH LOIS AVENUE
City-St-Zip: TAMPA, FL 33611

Title: VD (X) Change () Addition
Name: SHOWALTER, TRACY J
Address: 4916 SOUTH LOIS AVENUE
City-St-Zip: TAMPA, FL 33611

Title: VDAS (X) Change () Addition
Name: SHOWALTER, CARY B
Address: 4916 SOUTH LOIS AVENUE
City-St-Zip: TAMPA, FL 33611

Title: VD (X) Change () Addition
Name: SHOWALTER, SHEA A
Address: 4916 SOUTH LOIS AVENUE
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify 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: JERRY SHOWALTER

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date