

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K28019

1. Entity Name
TOWN & COUNTRY SKATEWORLD OF TAMPA, INC.



FILED

05 JUN 14 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05232005 Chg-P CR2E034 (10/03)

Principal Place of Business
% ALAN D. BLIZARD
7510 PAULA DR
TAMPA, FL 33615

Mailing Address
% ALAN D. BLIZARD
7510 PAULA DR
TAMPA, FL 33615

2. Principal Place of Business

7510 PAULA DR.

3. Mailing Address

7510 PAULA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33615

Zip

33615

Country

HILLSBOROUGH

Country

HILLSBOROUGH

6. Name and Address of Current Registered Agent

BLIZARD, ALAN D.
7510 PAULA DR
TAMPA, FL 33615

Name *N/D*

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | |
|--|--|---------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD BLIZARD, ALAN D. 7510 PAULA DR TAMPA, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BLIZARD, GLADYS M. 7510 PAULA DR TAMPA, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>900056215539</i> 06/15/05-01042--024 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Glady M. Blizard Gladys M. Blizard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/05

884.7688 B45
(813) 884-1317 Home
Daytime Phone #