

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # K48390

1. Entity Name
PARK ENTERPRISES OF TAMPA BAY, INC.



Principal Place of Business
**13100 PARK BLVD
STE B
SEMINOLE, FL 33776**

Mailing Address
**13100 PARK BLVD
STE B
SEMINOLE, FL 33776**



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2935456	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RUBAI, JAWDET
1345 S. MISSOURI AVE.
CLEARWATER, FL 33757**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

000000883544
04/17/08-80008-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BICKEY, NICHOLAS
STREET ADDRESS	907 HARBOR DRIVE
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786

TITLE	VPST
NAME	BICKEY, MINDY
STREET ADDRESS	907 HARBOR DRIVE
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Mindy Bickey* **MINDY BICKEY, VP** X 4/3/08 (727) 397-0746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #