

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90012 024 \*\*\*150.00

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02262007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # K61101</b> 1. Entity Name <b>TAMPA BAY WALL STREET, INC.</b>			
Principal Place of Business <b>14035 N DALE MABRY HWY</b> <b>TAMPA, FL 33618 US</b>		Mailing Address <b>14035 N DALE MABRY</b> <b>TAMPA, FL 33618 US</b>	
2. Principal Place of Business - No P.O. Box # <b>25829 Queen Sago</b> Suite, Apt. #, etc.		3. Mailing Address <b>5450 Bruce B. Downs</b> Suite, Apt. #, etc. <b>#404</b>	
City & State <b>Zephyrhills FL</b> Zip <b>33544</b>		City & State <b>Wesley Chapel, FL</b> Zip <b>33543</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>	
4. FEI Number <b>59-2932549</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BEARDEN, DAVID C ESQ</b> <b>200 PIERCE STREET</b> <b>4TH FLOOR</b> <b>TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>RENFROE, KIMBERLY E</b> <b>25829 QUEEN SAGO</b> <b>ZEPHYRHILLS, FL 33544</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Kimberly E. Renfro</i> <b>Kimberly E. Renfro</b>		Date: <b>2/26/07</b> (813) 929-7115	