

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # K72328

1. Entity Name
THE NALLA CORPORATION OF TAMPA, INC.



Principal Place of Business
**C/O PETER LAWRENCE COMM RE
4710 EISENHOWER BLVD, C-1
TAMPA, FL 33634**

Mailing Address
**C/O PETER LAWRENCE COMM RE
4710 EISENHOWER BLVD, C-1
TAMPA, FL 33634**



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0131777

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ABRAMS, ALLAN
4710 EISENHOWER BLVD.
STE. C-1
TAMPA, FL 33634**

**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

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	ABRAMS, ALLAN
STREET ADDRESS	4710 EISENHOWER BLVD.
CITY - ST - ZIP	TAMPA, FL 33634
TITLE	DTS
NAME	ABRAMS, ELAINE
STREET ADDRESS	4710 EISENHOWER BLVD.
CITY - ST - ZIP	TAMPA, FL 33634
TITLE	DS
NAME	LLEWELLYN, ROBERTA
STREET ADDRESS	4710 EISENHOWER BLVD
CITY - ST - ZIP	TAMPA, FL 33634
TITLE	VC
NAME	SHAPIRO, JAMES J.
STREET ADDRESS	4710 EISENHOWER BLVD., C-1
CITY - ST - ZIP	TAMPA, FL
TITLE	P
NAME	HOOVER, KRISTOPHER M
STREET ADDRESS	4710 EISENHOWER BLVD STE C-1
CITY - ST - ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

Date

613-829-6855

Daytime Phone #