


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90018 004 \*\*\*\*61.25

<b>DOCUMENT # N02000002304</b>	
<b>1. Entity Name</b> TARPON SPRINGS BUSINESS ALLIANCE, INC.	

<b>Principal Place of Business</b> 708 E TARPON AVE 19 TARPON SPRINGS FL 34689	<b>Mailing Address</b> 708 E TARPON AVE 19 TARPON SPRINGS FL 34689
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<b>2. Principal Place of Business</b> Suite 19	<b>3. Mailing Address</b> Suite 19
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<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 02-0595794	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  GROSS, WAYNE 167 TARPON AVE. TARPON SPRINGS FL 34689
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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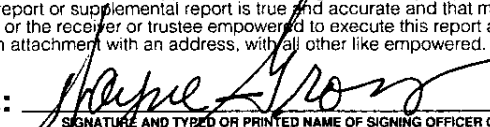
**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> TD	<b>NAME</b> GROSS, WAYNE <b>STREET ADDRESS</b> 167 TARPON AVE. <b>CITY-ST-ZIP</b> TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> PD	<b>NAME</b> MENLER, PAUL <b>STREET ADDRESS</b> 134 E. TARPON AVE. <b>CITY-ST-ZIP</b> TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD	<b>NAME</b> COMSTOCK, CINDY <b>STREET ADDRESS</b> 153 E TARPON AVE <b>CITY-ST-ZIP</b> TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD	<b>NAME</b> BOHNKE, JASMINE <b>STREET ADDRESS</b> 124 E TARPON AVE <b>CITY-ST-ZIP</b> TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<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 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 617, 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.

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>Date</b> 4/15/04	<b>Daytime Phone #</b> 727-736-3822
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