

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000003692

1. Entity Name
PHARAOHS OF TAMPA, INC.



Principal Place of Business
402 N HOWARD AVE
TAMPA, FL 33606

Mailing Address
402 N HOWARD AVE
TAMPA, FL 33606



04192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0610617

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FAIRCLOTH, JOHN J
402 N HOWARD AVE
TAMPA, FL 33606

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is **\$61.25**
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
KNIGHT, JAMES W.
425 50 ST
TAMPA, FL 33619

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVS
LAING, JOHN S
1306 INGRAM AVE
TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
FAIRCLOTH, JOHN J
402 N HOWARD AVE
TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000125466
04/22/04-80086-021 61.25

**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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, with all power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. FAIRCLOTH

Date

Daytime Phone #

DT 4/19/04 813-254-5602