


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90045 031 ****61.25

DOCUMENT # N02000008641					
1. Entity Name TAMPA BAY SOAP BOX DERBY, INC.					
Principal Place of Business 2302 S. MANHATTAN AVENUE NO. 312 TAMPA, FL 33629			Mailing Address 2302 S. MANHATTAN AVENUE NO. 312 TAMPA, FL 33629		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMITH, ELINOR P ESQ. 4931 S. WESTSHORE BLVD. TAMPA, FL 33611				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBROOK, ANTHONY R			NAME	
STREET ADDRESS	2302 S. MANHATTAN AVENUE #312			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33629			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTCHER, DAVID H			NAME	
STREET ADDRESS	2105 S. DALE MABRY HIGHWAY			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33629			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERDINAND, MARK			NAME	
STREET ADDRESS	2207 SPRINGRAIN DRIVE			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33763			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBARD, DAVID			NAME	
STREET ADDRESS	601 W. HILLSBOROUGH AVENUE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33606			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORMAN, MELVIN			NAME	
STREET ADDRESS	3020 W. LAUREL STREET			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33607			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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.					
SIGNATURE: <u>Anthony R Holbrook</u> <u>1/12/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

813-546-8905