


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 05-0542125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, ELINOR P ESQ.
 4831 S. WESTSHORE BLVD.
 TAMPA, FL 33611**

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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000624045
 02/14/07-80014-016 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLBROOK, ANTHONY R 2302 S. MANHATTAN AVENUE #312 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUTCHER, DAVID H 2105 S. DALE MABRY HIGHWAY TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERDINAND, MARK 2207 SPRINGRAIN DRIVE CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBBARD, DAVID 601 W. HILLSBOROUGH AVENUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: *Anthony R Holbrook* **2/1/07** **813-546-8905**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #