

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 17, 2008
Secretary of State**

DOCUMENT# N02000008641

Entity Name: TAMPA BAY SOAP BOX DERBY, INC.

Current Principal Place of Business:

2302 S. MANHATTAN AVENUE
NO. 312
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2302 S. MANHATTAN AVENUE
NO. 312
TAMPA, FL 33629

New Mailing Address:

FEI Number: 05-0542125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ELINOR P ESQ.
4931 S. WESTSHORE BLVD.
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLBROOK, ANTHONY R
Address: 2302 S. MANHATTAN AVENUE #312
City-St-Zip: TAMPA, FL 33629

Title: VD () Delete
Name: GUTCHER, DAVID H
Address: 2105 S. DALE MABRY HIGHWAY
City-St-Zip: TAMPA, FL 33629

Title: VD () Delete
Name: FERDINAND, MARK
Address: 2207 SPRINGRAIN DRIVE
City-St-Zip: CLEARWATER, FL 33763

Title: D (X) Delete
Name: HUBBARD, DAVID
Address: 601 W. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY R. HOLBROOK

PD

02/17/2008

Electronic Signature of Signing Officer or Director

_____ Date