

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001680

FILED
Feb 01, 2007
Secretary of State

Entity Name: SOUTH TAMPA TITANS, INC.

Current Principal Place of Business:

P.O. BOX 13377
TAMPA, FL 33681 US

New Principal Place of Business:

4717 W. WALLCRAFT
TAMPA, FL 33611 US

Current Mailing Address:

P.O. BOX 13377
TAMPA, FL 33681 US

New Mailing Address:

FEI Number: 20-2359130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REVORD, ALICIA TRES
4717 W. WALLCRAFT AVE.
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: P () Delete
Name: DUVALL, SCOTT
Address: 4717 W. WALLCRAFT AVE.
City-St-Zip: TAMPA, FL 33611

Title: V () Delete
Name: POWELL, ROGER
Address: 4717 W. WALLCRAFT AVE.
City-St-Zip: TAMPA, FL 33611

Title: S () Delete
Name: SWEEZEY, DEBBIE
Address: 4717 W. WALLCRAFT AVE.
City-St-Zip: TAMPA, FL 33611

Title: T () Delete
Name: REVORD, ALICIA TREAS
Address: 4717 W. WALLCRAFT AVE.
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: POWELL, CHRIS
Address: 4717 W. WALLCRAFT AVE.
City-St-Zip: TAMPA, FL 33611

Title: S (X) Change () Addition
Name: NORMAN, TRACY
Address: 4717 W. WALLCRAFT AVE.
City-St-Zip: TAMPA, FL 33611

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ALICIA REVORD

TRES

02/01/2007

Electronic Signature of Signing Officer or Director

Date