

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90129 044 \*\*\*\*70.00

<b>DOCUMENT # N03000002988</b> 1. Entity Name NORTH EAST TAMPA PIRATES INC.					
Principal Place of Business 4025 E. MILLER AVE. TAMPA, FL 33617				Mailing Address 4025 E. MILLER AVE. TAMPA, FL 33617	
2. Principal Place of Business - No P.O. Box # <u>10610 N. 30th</u>		3. Mailing Address <u>10610 N. 30th</u>			
Suite, Apt. #, etc. <u>APT 45A</u>		Suite, Apt. #, etc. <u>APT 45A</u>			
City & State <u>TAMPA FL</u>		City & State <u>TAMPA, FL</u>			
Zip <u>33612-6313</u>	Country <u>USA</u>	Zip <u>33612-6313</u>	Country <u>USA</u>		
4. FEI Number <u>59-3757314</u> NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BECKNEL, JAMES L 4025 E. MILLER AVE. TAMPA, FL 33617			7. Name and Address of New Registered Agent Name <u>THOMAS P. BLAHA</u> Street Address (P.O. Box Number is Not Acceptable) <u>10610 N. 30th ST</u> <u>APT 45A</u> City <u>TAMPA</u> FL Zip Code <u>33612</u>		
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 <u>Thomas P Blaha</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>THOMAS P. BLAHA</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>3/19/07</u> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECKNEL, JAMES 4025 E. MILLER AVE TAMPA, FL 33617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 450 PALENCIA BL APT 2412 TAMPA, FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALLER, TERRANCE 9901 N. 20TH AVE TAMPA, FL 33612	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS P. BLAHA 10610 N. 30th ST #45A TAMPA, FL 33612-6313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORD, MICHELLE 6205 124TH AVE TAMPA, FL 33612	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	704 E 127th AVE TAMPA, FL 33612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, SELTNA 8700 N. 50TH STREET #405 TAMPA, FL 33617	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Suanne M. E. BLAHA 10610 N. 30th ST. #45A TAMPA, FL 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Thomas P Blaha</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>THOMAS P. BLAHA</u>		<u>3/19/07</u> <u>813 313-6943</u> <small>Date Daytime Phone #</small>	