



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000004878	
1. Entity Name TAMPA STREETCAR PRESERVATION & RESTORATION, INC.	

Principal Place of Business PO BOX 5006 TAMPA, FL 33675-5006	Mailing Address PO BOX 5006 TAMPA, FL 33675-5006
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DO NOT WRITE IN THIS SPACE

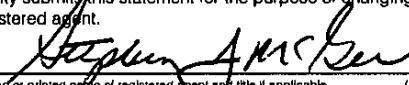


01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 56-2513126	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCGEE, STEPHEN J 2710 5TH AVE TAMPA, FL 33605-5522	DO NOT WRITE IN THIS SPACE
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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.

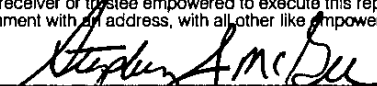
SIGNATURE:  DATE: 01/18/07

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U000000539824 01/25/07-80043-006 70.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCGEE, STEPHEN J 2710 5TH AVE TAMPA, FL 336055522	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLOCH, JOHN 1897 STANCEL DR CLEARWATER, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLOCH, DENNIS 5992 63RD AVENUE N PINELLAS PARK, FL 34665	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, MARTIN 2507 W DIANA ST TAMPA, FL 33614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:  DATE: 01/18/07 DAYTIME PHONE #: 813-220-5872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR