

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005752

FILED  
Jan 17, 2011  
Secretary of State

Entity Name: F-TROOP TAMPA INC.

**Current Principal Place of Business:**

1501 SKIPPER ROAD  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 270039  
TAMPA, FL 33688

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AUCOIN, JOEY  
1501 SKIPPER ROAD  
TAMPA, FL 33613    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  
Name: ARKAY, RON  
Address: P. O. BOX 270039  
City-St-Zip: TAMPA, FL 33688

Title: VP  
Name: CROWLEY, JOHN  
Address: P. O. BOX 270039  
City-St-Zip: TAMPA, FL 33688

Title: T  
Name: FREEMAN, WAYNE  
Address: P. O. BOX 270039  
City-St-Zip: TAMPA, FL 33688

Title: S  
Name: FRANCESCHINI, COLEN  
Address: P. O. BOX 270039  
City-St-Zip: TAMPA, FL 33688

I hereby 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 all other like empowered.

SIGNATURE: RON ARKAY

P

01/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date