2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 16, 2004 8:00 am Secretary of State

DOCUMENT # N22515					Secretary of State				
1. Entity Nam TAMPA B INC.	AY AMERICAN PIT BULL TI	ERR <u>IE</u> R CLUB,			03-16-2004 90044 001 ****61.25				
Principal Plac	e of Business	Mailing Address							
%MARION STRONG 5106 SW 45TH BLVD BUSHNELL FL 33513 US		P O BOX 2294 5106 SW 45TH BLVD BUSHNELL FL 33513 US			LINANINALAN ORTE MAN ARAL MAN ANN ANN ANN ANN ANN ANN ANN ANN ANN				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E037 (11/03)				
City & State		City & State .			4. FEI Number Applied For Not Applicable				
Zíp	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
STRONG, MARION				and the second of the second o					
PO	BOX 699 6-SW-45TH-BLVD		Sileet	Street Address (P.O. Box Number is Not Acceptable)					
	SHNELL FL 33513		,]						
			City		FL Zip Code				
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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW: FEE IS \$61:25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Florida Department of State									
10.	OFFICERS AND DII	· · · · · · · · · · · · · · · · · · ·	11. TITLE P		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
NAME	VALDEZ, NICK	Delete	NAME	5/1	RONG MARION Change Addition 06 SW 45th Blut.				
STREET ADDRESS CITY-ST-ZIP		eli, F1 33573	STREET ADDRESS CITY-ST-ZIP	Ba	Shnell F/ 335/3				
TITLE	VALDEZ, ART	Delete	TIPLE VP	VAL	OEZ, NICK Change Addition				
NAME STREET ADDRESS	4509.W FERN ST.		NAME STREET ADDRESS	45	78. CR 317 A				
C/TY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	Bo	UShnell F1- 33513				
TITLE NAME	T SALGADO, MIKE	Delete	TITLE ST.	SH	IER TAMISON Change Addition				
STREET ADDRESS	6734 SWAIN AVENUE		NAME STREET ADDRESS	170	05-V11/09-C-C-				
CITY-ST-ZIP	TAMPA FL 33625		CITY=ST=ZIP -	BR	ANDON F/- 335+1-				
TITLE NAME	SALGADO, ROSIE	Delete	TITLE RS'	اج ا	HANNON NORBURY Change Addition				
STREET ADDRESS	6734 SWAIN AVE	,	STREET ADDRESS	10	nmad El 2011				
CITY-ST-ZIP	TAMPA FL	, ,	CITY-ST-ZIP		AMPA, F1. 33624				
TITLE NAME	DADO KEWIN	☐ Delete	TITLE P	RA	DO, REVIN A Change Addition 904 DEAD RIVER RD				
STREET ADDRESS	704 GHILDERSTOOP 14904 BRANDONFL Thomas	Healkens th	STREET ADDRESS	149	904 DENVIKITER KD				
CITY-ST-ZIP	PD Thouse		CITY-ST-ZIP	/ h o	0 NO 5ASSA, F1. 33592 CHAEL MORGAN □ Change Assolition 82 CR 543A				
TITLE NAME	STRONG, MARION	☐ Delete	TITLE T	MI	CHAEL MORGAN Change Assolition				
STREET ADDRESS	5106 SW 45TH BLVD. BUSHNELL FL 33513		STREET ADDRESS	178	82 CR 5 43/+				
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP		MTER VIlle, F1. 335/3				
12. Thereby (certify that the information supplied with	this filing does not qualify for th	ne exemption sta	ated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information				

12. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). 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: Marion Strong	MARION STRONG	3-1-04	352/793-724
SIGNATURE AND TYPED OF PRINTED NAME OF SUSKING OFFI	Date	Daytime Phone #	