


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90100 031 \*\*\*\*61.25

**DOCUMENT # N33339**

1. Entity Name  
**TAMPA BAY HARVEST, INC.**



Principal Place of Business  
**13620 49TH STREET N  
 CLEARWATER, FL 33762 US**

Mailing Address  
**13620 49TH STREET N  
 CLEARWATER, FL 33762 US**


2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**30798 US Hwy 19 N**  
 Suite, Apt. #, etc.

City & State  
**Palm Harbor, FL**

Zip  
**34684** Country  
**USA**

**50057420**



07182005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2981815** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GELLER, JACK J.  
 2560 GULF TO BAY BOULEVARD  
 SUITE 300  
 CLEARWATER, FL 34625**

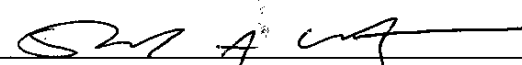
**7. Name and Address of New Registered Agent**

Name **RICHARD A. CARTAGENA**

Street Address (P.O. Box Number is Not Acceptable)  
**30798 US Highway 19 North**

City **Palm Harbor** FL Zip Code **34684**

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 **7-19-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

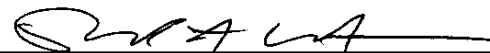
**Filing Fee is \$61.25 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC BOHANNON, JERRY 111 2ND AVE SUITE 919 ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC Stephen L. Mitchell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 Oak Avenue Palm Harbor, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JENSEN, NAN 403 HARBOR DR SOUTH INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS BETSON, ROGER 1627 MORNING DOVE LANE TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS RICHARD A. CARTAGENA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 30798 US Highway 19 North Palm Harbor, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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:  DATE **7-19-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #