


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N48030 1. Entity Name COLLECTION CONNECTION OF TAMPA, INC.	
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Principal Place of Business 2399 E. BUSCH BLVD TAMPA, FL 33612	Mailing Address 1118 NORTH PARSONS AVENUE BRANDON, FL 33510
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DO NOT WRITE IN THIS SPACE



07202006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3108311	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REYNOLDS, HENRY E 1124 PARSONS AVENUE BRANDON, FL 33510
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**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by September 6, 2006	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SJOBERG, DALE V 2209 WINDWOOD PLACE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REYNOLDS, HENRY E 1124 N PARSONS AVE N BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STWAN, JERRY 1103 S TAYLOR ROAD SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/25/06-80001-001 70.00

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IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	7/20/06 <small>Date</small>	813-654-0836 <small>Daytime Phone #</small>
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