

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2007 08:00 A
Secretary of State

DOCUMENT # N48030

1. Entity Name
COLLECTION CONNECTION OF TAMPA, INC.



Principal Place of Business

**2399 E. BUSCH BLVD
TAMPA, FL 33612**

Mailing Address

**1118 NORTH PARSONS AVENUE
BRANDON, FL 33510**

DO NOT WRITE IN THIS SPACE



01152007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3108311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REYNOLDS, HENRY E
1124 PARSONS AVENUE
BRANDON, FL 33510**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

U000000765528
06/01/07-80010-Q10 70.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/23/07 813 230-7570