## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N50228

FILED May 16, 2006 Secretary of State

Entity Name: KEEP HILLSBOROUGH COUNTY BEAUTIFUL, INC.

**Current Principal Place of Business: New Principal Place of Business:** 10014 N. DALE MABRY SUITE 101 TAMPA, FL 33618 **New Mailing Address: Current Mailing Address:** PO BOX 273248 TAMPA, FL 33688 FEI Number: 59-3138161 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MUSSER, BOB 1041 LIVÉ OAK AVE NE US SAINT PETERSBURG, FL 33703 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition BROWN, MICHAEL DONN, ALAN Name: Name: 1537 HIGHCREST CIR Address: 3405 W. DR. MLK JR. BLVD. Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: TAMPA, FL 33607 Title: () Delete Title: (X) Change ( ) Addition DONN, ALAN M Name: MUSSER, BOB Name: Address: 3405 W. DR. MLK JR. BLVD Address: 1041 LIVE OAK AVE. NE City-St-Zip: TAMPA, FL 33607 City-St-Zip: ST. PETERSBURG, FL 33703 Title: DT () Delete Title: (X) Change ( ) Addition MUSSER, BOB BROWN, MIKE Name: Name: 1537 HIGHCREST CIRCLE Address: 1041 LIVE OAK AVE NE Address: City-St-Zip: SAINT PETERSBURG, FL 33703 City-St-Zip: VALRICO, FL 33594 (X) Change ( ) Addition Title: SD ( ) Delete Title: SD Name: WICKHAM, STEFFANIE Name: ECKERT, TIM Address: 1410 N. 21ST STREET Address: 1410 N. 21ST STREET City-St-Zip: TAMPA, FL 33605 City-St-Zip: TAMPA, FL 33605 Title: () Delete Title: ( ) Change (X) Addition COMMERCE, CHRISTINE E Name: Name: 10014 N. DALE MABRY, STE. 101 Address: Address: TAMPA, FL 33618 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRSTINE COMMERCE ED 05/16/2006