

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000003920

1. Entity Name

22ND STREET REDEVELOPMENT, INC.



Principal Place of Business

1027 22ND ST DO
ST PETERSBURG, FL 33712 US

Mailing Address

P O BOX 12794
ST PETERSBURG, FL 33733 US



04152004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3307187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARCO, MRS. JESSIE
924 1/2 22 ST. SOUTH
ST PETERSBURG, FL 33712

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000145581
05/03/04-80032-002 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBINSON, PARIS RICE
STREET ADDRESS	740 16TH AVE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL
TITLE	TD
NAME	WILLIAM C HOWARD JR
STREET ADDRESS	1511 22ND ST SOUTH #5
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	RA
NAME	BARCO, MRS. JESSIE
STREET ADDRESS	924 1/2 22 ST. SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	SD
NAME	COX, CHRIS SUM
STREET ADDRESS	2011 16TH AVENUE SO
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04

Date

(727) 322-8129

Daytime Phone #