

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)

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4. FEI Number **59-3307187** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____
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 May 1, 2004

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

U00000145581
 05/03/04-80032-002 70.00

10. OFFICERS AND DIRECTORS

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

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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 **(727) 322-8129**
Date Daytime Phone #