

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000003920
1. Entity Name
22ND STREET REDEVELOPMENT, INC.



Principal Place of Business Mailing Address
1027 22ND ST DO
ST PETERSBURG FL 33712
US P O BOX 12794
ST PETERSBURG FL 33733
US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-3307187 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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

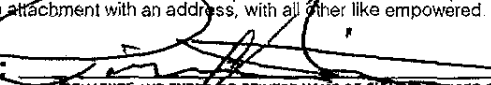
| | | |
|-----------------|---------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ROBINSON, PARISRICE | |
| STREET ADDRESS | 740 16TH AVE NORTH | |
| CITY - ST - ZIP | SAINT PETERSBURG FL | |
| TITLE | TD | <input type="checkbox"/> Delete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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

1100000289278 Change Addition
04/06/05-80019-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  2/19/05 (727) 322-8129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #