

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000131

FILED
Jan 17, 2009
Secretary of State

Entity Name: TAMPA BAY VETTES INC.

Current Principal Place of Business:

C/O THOMAS R. FARRUGGIO
9435 LARKBUNTING DRIVE
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

C/O THOMAS R. FARRUGGIO
9435 LARKBUNTING DRIVE
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 59-2041417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRUGGIO, THOMAS R
9435 LARKBUNTING DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: FARRUGGIO, THOMAS R
Address: 9435 LARKBUNTING DRIVE
City-St-Zip: TAMPA, FL 33647

Title: VD () Delete
Name: KILL, JAMES
Address: 8840 NORTH FLORIDA AVE
City-St-Zip: TAMPA, FL 33604

Title: SD () Delete
Name: CATALFOMO, PAT
Address: 4115 MARLOW LOOP
City-St-Zip: LAND O'LAKES, FL 34639

Title: TD () Delete
Name: NIXON, MIKE
Address: 112 DANNY DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: CRAWFORD, FRANK
Address: 615 LITHIA PINECREST RD
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SIMPSON, THERESA
Address: 10103 WHISPER POINTE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: SD (X) Change () Addition
Name: VARNUM, MARLENE
Address: 1501 DOYLE CARLTON DRIVE # 411
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS R FARRUGGIO

PD

01/17/2009

Electronic Signature of Signing Officer or Director

Date