2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005
Secretary of State

DOCUMENT# N98000006693

Entity Name: TAMPA HISTORIC STREETCAR, INC.

Current Principal Place of Business:

BRICKLEMYER SMOLKER & BOLVES
500 E KENNEDY BLVD STE 200
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2389
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: 59-3419131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHLOSSER, RICHARD A
500 E KENNEDY BLVD
STE 200
TAMPA, FL 33602 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:	ENGLISH, MICHAEL	
Address:	1101CHANNELSIDE DR STE 400N	
City-St-Zip:	TAMPA, FL 33602 US	
Title:	VPD	( ) Delete
Name:	MECHANIK, DAVID	
Address:	101 E. KENNEDY, #3140	
City-St-Zip:	TAMPA, FL 33602 US	
Title:	D	( ) Delete
Name:	JENNEWEIN, JOAN	
Address:	4710 CLEAR AVE.	
City-St-Zip:	TAMPA, FL 33629 US	
Title:	DST	( ) Delete
Name:	ALVAREZ, MARY	
Address:	315 E. KENNEDY BLVD.	
City-St-Zip:	TAMPA, FL 33602 US	
Title:	D	( ) Delete
Name:	HAINES, REGAN	
Address:	2200 E SLIGH AVE	
City-St-Zip:	TAMPA, FL 33610 US	
Title:	D	( ) Delete
Name:	SMITH, JAN	
Address:	3627 BERGER RD	
City-St-Zip:	LUTZ, FL 33549 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 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: MICHAEL ENGLISH PD 02/11/2005

Electronic Signature of Signing Officer or Director — Date