

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006693

FILED
Jan 27, 2006
Secretary of State

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: VPD (X) Change () Addition
Name: MECHANIK, DAVID
Address: 305 S. BOULEVARD
City-St-Zip: TAMPA, FL 33606 US

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 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: MICHAEL ENGLISH

P

01/27/2006

Electronic Signature of Signing Officer or Director

Date