

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90195 020 ****61.25

14004831



DOCUMENT # N99000006616 1. Entity Name TAMPA BAY TANGO, INC.					
Principal Place of Business 28100 U.S. HWY. 19 NORTH, SUITE 502 CLEARWATER, FL 33761-2686			Mailing Address 28100 U.S. HWY. 19 NORTH, SUITE 502 CLEARWATER, FL 33761-2686		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3609895	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CARRION, RAMON 28100 U.S. HWY. 19 NORTH, SUITE 502 CLEARWATER, FL 33761-2686				7. Name and Address of New Registered Agent Name JANA GOBLE Street Address (P.O. Box Number is Not Acceptable) 10310 ROSEMOUNT DRIVE City TAMPA FL 33624-5122	
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 <u><i>Jana C. Goble</i></u> JANA C. GOBLE 04-15-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PSD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOBLE, JANA		NAME	GOBLE, JANA	
STREET ADDRESS	10310 ROSEMOUNT DRIVE		STREET ADDRESS	10310 ROSEMOUNT DRIVE	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOZLOV, MARTA		NAME	KOZLOV, MARTA	
STREET ADDRESS	222 BRIGHTWATERS		STREET ADDRESS	222 BRIGHTWATERS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704		CITY-ST-ZIP	SAINT PETERSBURG, FL 33704	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILHELMY, MARK		NAME		
STREET ADDRESS	2905 W. PRICE AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARGRAVE, RICHARD		NAME		
STREET ADDRESS	1518 RIVERSIDE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PURCHER, STEVE		NAME		
STREET ADDRESS	1434 ADMIRAL WOODSON LANE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTA, KOZLOV		NAME		
STREET ADDRESS	222 BRIGHTWATERS		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704		CITY-ST-ZIP		
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: <u><i>Jana C. Goble</i></u> JANA C. GOBLE 04-15-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					