

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90685 013 \*\*\*150.00

**DOCUMENT # P0000050753**

1. Entity Name  
**TAMPA BAY SOLUTIONS COMPANY**



Principal Place of Business      Mailing Address

**10206 RUBURY PL.  
TAMPA, FL 33626**      **3355 BEARSS AVE  
TAMPA, FL 33618**

**DO NOT WRITE IN THIS SPACE**



03142004    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**59-3715416**      Applied For  
Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**SANDERS, WALTER  
3355 BEARSS AVE.  
TAMPA, FL 33618**

**DO NOT WRITE IN THIS SPACE**

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: Walter Sanders      Walter Sanders      04/14/04  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARLE, DENIS A
STREET ADDRESS	10696 41ST CT.
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	D
NAME	GAUDET, MICHAEL
STREET ADDRESS	10206 RUBURY PL.
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	D
NAME	GAUDET, SANDRA
STREET ADDRESS	10206 RUBURY PL.
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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: Michael P. Gaudet      4/14/04      813-818-8093  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

MICHAEL P. GAUDET