


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90498 029 ***150.00

DOCUMENT # P0000050753			
1. Entity Name TAMPA BAY SOLUTIONS COMPANY			
Principal Place of Business 10206 RUBURY PL. TAMPA, FL 33626		Mailing Address <i>16528 N. Dale Mabry Hwy</i> 3355 BEARSS AVE TAMPA, FL 33618	
2. Principal Place of Business		3. Mailing Address <i>16528 N. Dale Mabry Hwy</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Tampa, FL</i>	
Zip	Country	Zip <i>33618</i>	Country
01292005		Chg-P CR2E034 (10/03)	
4. FEI Number 59-3715416		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANDERS, WALTER 3355 BEARSS AVE TAMPA, FL 33618		Name <i>Sanders, Walter</i>	
<i>16528 N. Dale Mabry Hwy</i>		Street Address (P.O. Box Number is Not Acceptable) <i>16528 N. Dale Mabry Hwy</i>	
		City <i>Tampa</i> State <i>FL</i> Zip Code <i>33618</i>	
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 <i>Walter Sanders</i>		Walter Sanders	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE <i>2/20/05</i>		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLE, DENIS A	NAME	
STREET ADDRESS	10696 41ST CT.	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33762	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUDET, MICHAEL	NAME	
STREET ADDRESS	10206 RUBURY PL.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33626	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUDET, SANDRA	NAME	
STREET ADDRESS	10206 RUBURY PL.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33626	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: <i>Michael P. Gaudet</i>		MICHAEL P. GAUDET	
Signature and typed or printed name of signing officer or director		Date <i>4/28/05</i> 813-818-8093	
		Daytime Phone #	