


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000054001	
1. Entity Name WILD BIRDS UNLIMITED OF TAMPA, INC.	

Principal Place of Business 13140 N DALE MABRY HWY TAMPA, FL 33618	Mailing Address 13140 N DALE MABRY HWY TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE



02152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3650668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, GREG
GREG/SHIRLEY WILLIAMS
13140 N DALE MABRY HWY
TAMPA, FL 33618

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, GREG 13140 N DALE MABRY HWY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, SHIRLEY 13140 N DALE MABRY HWY TAMPA, FL 33618
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04/19/04-80056-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Greg Williams - GREG WILLIAMS 4-14-04 813-961-2772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #