## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000103270

Entity Name: SOUTH TAMPA APARTMENTS, INC.

FILED Apr 26, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3814 W EUCLID AVE 3814 W EUCLID AVE TAMPA, FL 33629

**OFFICE** 

TAMPA, FL 33629

**Current Mailing Address: New Mailing Address:** 

9835-16 LAKE WORTH ROAD PO BOX 10846 TAMPA, FL 33679 PMB #138

LAKE WORTH, FL 33467

FEI Number: 65-1059538 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

RINKER, DAVID S RINKER, DAVID S 3814 W EUCLID AVE 3814 W EUCLID AVE TAMPA, FL 33629 OFFICE TAMPA, FL 33629 US

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: DAVID S. RINKER 04/26/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Name: RINKER, DAVID Name: RINKER, DAVID S

3814 W. EUCLID AVENUE (OFFICE) PMB #138 9835-16 LAKE WORTH RD Address: Address:

City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: TAMPA, FL 33629

Title: VSD (X) Delete Title: () Change () Addition

Name: RINKER, CHRISTOPHER Name: P O BOX 10846 Address: Address: TAMPA, FL 33679 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID S. RINKER **PTSD** 04/26/2005