


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90232 019 \*\*\*150.00

**DOCUMENT # P00000117405**

1. Entity Name  
**6TH AVENUE 3-B, INC.**



Principal Place of Business  
**9625 WES KEARNEY WAY  
 RIVERVIEW, FL 33569**

Mailing Address  
**9625 WES KEARNEY WAY  
 RIVERVIEW, FL 33569**

**60043382**



2. Principal Place of Business - No P.O. Box #  
**5115 JOANNE KEARNEY BLVD.**

3. Mailing Address  
**5115 JOANNE KEARNEY BLVD.**

Suite, Apt. #, etc.

03152007 Chg-P CR2E034 (12/06)

City & State  
**TAMPA, FLORIDA**

City & State  
**TAMPA, FLORIDA**

4. FEI Number  
**59-3688262**

Applied For  
 Not Applicable

Zip  
**33619**

Country  
**USA**

Zip  
**33619**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**REED, JAMES M  
 9625 WES KEARNEY WAY  
 RIVERVIEW, FL 33569**

7. Name and Address of New Registered Agent

Name  
**JAMES M. REED**

Street Address (P.O. Box Number is Not Acceptable)  
**5115 JOANNE KEARNEY BLVD.**

City  
**TAMPA**

FL Zip Code  
**33619**

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: *J. M. Reed* (NOTE: Registered Agent signature required when reinstating) DATE: **3/27/07**

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KEARNEY, BRYAN G 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KEARNEY, BARRY L 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KEARNEY, BING CHARLES W JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5115 JOANNE KEARNEY BLVD. TAMPA FL 33619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5115 JOANNE KEARNEY BLVD. TAMPA FL 33619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5115 JOANNE KEARNEY BLVD. TAMPA FL 33619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *J. M. Reed* DATE: **3/27/07** DAYTIME PHONE #: **813 435-7105**