

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90242 007 ***150.00

DOCUMENT # P01000027028

1. Entity Name
TAMPA INVESTMENT GROUP, INC.



Principal Place of Business
**3520 THOMASVILLE ROAD
SUITE 200
TALLAHASSEE, FL 32309**

Mailing Address
**3520 THOMASVILLE ROAD
SUITE 200
TALLAHASSEE, FL 32309**

14008944



04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3490255

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COOPER, CHARLES L JR
3520 THOMASVILLE ROAD
SUITE 200
TALLAHASSEE, FL 32309**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEEN, STEPHEN F
STREET ADDRESS	1358 THOMASWOOD DR 3520 Thomasville Rd
CITY-ST-ZIP	TALLAHASSEE, FL 32312 Ste 200 32309
TITLE	ST
NAME	BEEN, STEPHEN R
STREET ADDRESS	1358 THOMASWOOD DR 3520 Thomasville Rd
CITY-ST-ZIP	TALLAHASSEE, FL 32312 Ste 200 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05
Date

678-530-0723
Daytime Phone

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