

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000098071

1. Entity Name
TAMPA BAY CUSTOM WELDING, INC.



Principal Place of Business

8621 115 AVE. N.
LARGO, FL 33773

Mailing Address

8621 115 AVE. N.
LARGO, FL 33773

FILED
Apr 27, 2007 08:00 AM
Secretary of State



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3751581	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TRIPODI, VINCENT J JR
8621 115 AVE. NO.
LARGO, FL 33773

**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

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

**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 D
NAME TRIPODI, VINCENT J JR
STREET ADDRESS 13100 WILD ACRES RD.
CITY-ST-ZIP LARGO, FL 33773

TITLE D
NAME TRIPODI, KAREN R
STREET ADDRESS 13100 WILD ACRES RD.
CITY-ST-ZIP LARGO, FL 33773

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

000000739224
05/14/07-80017-012 153.75

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: *Karen R. Trippodi* **4/25/07 727-392-8330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #