


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90008 021 \*\*\*150.00

<b>DOCUMENT # P01000112584</b>	
1. Entity Name <b>RE PARTNERS TAMPA, INC.</b>	

Principal Place of Business <b>1979 W. LINDSEY BRANDON FL 33511</b>	Mailing Address <b>118 S. RENELLIE DR. TAMPA FL 33609</b>
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2. Principal Place of Business <b>155 E. Bloomingdale Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>155 E. Bloomingdale Ave</b> Suite, Apt. #, etc.
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MOORE CR2E034 (11/03)

City & State <b>Brandon FL</b>	City & State <b>Brandon FL</b>
Zip <b>33511</b>	Country <b>Hillsborough</b>

4. FEI Number <b>74-3022417</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HERMAN, RICHARD C 118 S. RENELLIE DR. TAMPA FL 33609</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 \_\_\_\_\_

<b>FILE NOW!!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HERMAN, RICHARD C 118 S. RENELLIE DR. TAMPA FL 33609</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** *Richard C Herman, President* **HERMAN, RICHARD C, PRESIDENT** **4/28/04** **813 662-5600**

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