2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 08, 2007 08:00 AM Secretary of State

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RE PARTNERS TAMPA, INC.							
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ce of Business	Mailing Address						
OMINGDALE AVE	155 E. BLOOMINGDALE AVE						
-L 33511	BRANDON, FL 33511						
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6. Name and Address of Current Re	gistered Agent	1				Fee Required	
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HERMAN, RICHARD C 952 WICKETRUN DRIVE			DO NOT WRITE				
BRANDON, FL 33510		IN THIS SDACE					
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named entity submits this statement for the following of registered agent.	ne purpose of changing its register	ed office or register	ed agent, or bot	h, in the State of Flo	rida lan	familiar with, and accept	
Signature, typed or printed nume of registered agent and	life if applicable (NOTE Registers	d Agent siquatore required	wish reinstating)		DATE		
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OFFICERS AND DI	RECTORS						
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BRANDON, FL 33510				U00000	57804	19	
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FEE IS \$150.00 By 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS D HERMAN, RICHARD C 952 WICKETRUN DRIVE	Mailing Address Discrete Agent DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent RICHARD C ETRUN DRIVE N, FL 33510 Planted entity submits this statement for the purpose of changing its registered office or register itons of registered agent. Signature, speed or printed name of registered agent and later a applicable itons of registered agent. Signature, speed or printed name of registered agent and later a applicable itons of registered agent. Signature, speed or printed name of registered agent and later a applicable itons of registered agent. 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12. Thereby certify that the information supplied with this filling 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

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD C HERMAN PRESIDENT 1-4

1-4-06

813 662-5600

Daytime Phone #