

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P02000058381	
1. Entity Name REAL ESTATE INVESTMENTS OF TAMPA, INC.	

Principal Place of Business 19614 WYNDHAM LAKES DR. ODESS FL 33556	Mailing Address 19614 WYNDHAM LAKES DR. ODESS FL 33556
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/07)
4. FEI Number 01-0693725	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAPO, SUSAN 19614 WYNDHAM LAKES DR. ODESS FL 33556	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DP ☐ Delete
NAME	CAPO, BRIAN
STREET ADDRESS	15 SAILER ST
CITY-ST-ZIP	ST. JAMES NY 11780
TITLE	DV ☐ Delete
NAME	DEBLASIO, PHILIP
STREET ADDRESS	229 CAMBON AVE
CITY-ST-ZIP	ST. JAMES NY 11780
TITLE	DS ☐ Delete
NAME	RILEY-CAPO, LISA
STREET ADDRESS	3249 STONEMAN LOOP
CITY-ST-ZIP	LAND O LAKES FL 34639
TITLE	DT ☐ Delete
NAME	CAPO, SUSAN
STREET ADDRESS	19614 WYNDHAM LAKES DR.
CITY-ST-ZIP	ODESS FL 33556
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 this 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: Susan Capo **SUSAN CAPO** 3/23/08 813.792-7786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR