2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90038 033 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P02000073893

1. Entity Name

VICTOR ENTERPRISES OF TAMPA, INC.

Principal Place of Business	Mailing Address
12206 N. OLA AVE TAMPA FL 33618	12206 N. OLA AVE TAMPA FL 33618

2. Principal Place of Business	3. Mailing Address
2815 E. HENRY AVE	2815 E. HENRY AVE
Suite, Apt. #, etc. SUITE B3	Suite, Apt. #, etc. SUITE B3
City & State TAMPA, FL 33610	City & State TAMPA, FL
Zip 33610 Country HILLSBOROUGH	Zip 33610 Country HILLSBOROUGH

4. FEI Number 16-1619894 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VICTOR, MR. MICHAEL R
12206 N. OLA AVE
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name MICHAEL R. VICTOR

Street Address (P.O. Box Number is Not Acceptable)

2815 E. HENRY AVE SUITE # B3

City TAMPA FL Zip Code 33610

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] MICHAEL R. VICTOR, PRESIDENT 2-8-04
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, 2004 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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	VICTOR, MICHAEL R		NAME	MICHAEL R. VICTOR	
STREET ADDRESS	12206 N. OLA AVE.		STREET ADDRESS	2815 E. HENRY AVE # B3	
CITY-ST-ZIP	TAMPA FL 33612-4122		CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	ST	☐ Delete	TITLE	ST	☒ Change ☐ Addition
NAME	CUNNINGHAM, BARBARA A		NAME	BARBARA A. CUNNINGHAM	
STREET ADDRESS	811 W. RIVER ST.		STREET ADDRESS	2815 E. HENRY AVE # B3	
CITY-ST-ZIP	TAMPA FL 33617		CITY-ST-ZIP	TAMPA, FL 33610	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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], MICHAEL R. VICTOR, PRESIDENT 2-8-04 813-781-3627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #