2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State
06-20-2005 90001 029 ***150.00

DOCUMENT # P02000073893

1. Entity Name
VICTOR ENTERPRISES OF TAMPA, INC.

Principal Place of Business	Mailing Address
2815 E. HENRY AVE. STE 83 TAMPA, FL 33610	2815 E. HENRY AVE. STE 83 TAMPA, FL 33610

SUITE #B3

DO NOT WRITE IN THIS SPACE

03302005 No Chg-P CR2E034 (10/03)

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
2815 E. HENRY AVE STE 83
TAMPA, FL 33610

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VICTOR, MICHAEL R
STREET ADDRESS	2815 E. HENRY AVE #83
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	ST
NAME	CUNNINGHAM, BARBARA A
STREET ADDRESS	2815 E. HENRY AVE. #83
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Michael R Victor 4-5-05 8132355119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

400886 30

#P020000 73893

6-14-05

To whom it may Concern,

I Received this letter on today's date and called the dept phone number. I was advised by the person who answered the phone to submit the payment of $150.00 along with this letter and request all fees be waived.

I am under the impression that this payment was sent with the tax information.

I also am sending a check for the amount of $150.00 Also the address on the letter was wrong it lists suite 83 when it should be #33