


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90031 045 ***150.00

DOCUMENT # P02000089562					
1. Entity Name TAMPA HOME SALES, INC.					
Principal Place of Business 606 S. ALBANY AVE. # 20 TAMPA, FL 33606			Mailing Address 606 S. ALBANY AVE. # 20 TAMPA, FL 33606		
2. Principal Place of Business - No P.O. Box # 700 HARBOUR Island Blvd.		3. Mailing Address 3502 HENDERSON Blvd.			
Suite, Apt. #, etc. # 137		Suite, Apt. #, etc.			
City & State Tampa Florida		City & State Tampa Florida		4. FEI Number 05-0526896	
Zip 33602		Country USA		Zip 33609	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HICKS, HENRY W 3003 AZEELE SUITE 200 TAMPA, FL 33609			7. Name and Address of New Registered Agent Name <u>SAME</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS MCGEE, JULIE A 606 S. ALBANY AVE. # 20 TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCGEE, JULIE A 606 S. ALBANY AVE. # 20 TAMPA, FL 33606	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing 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: <u>Julie McGee</u> Julie McGEE		Date <u>8-22-07</u> (813) 244-9303			