2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P0200009414 TAMPA BAY, INC.				Secret	ary of State
840 SAND P	INE DRIVE NE	daiting Address 840 SAND PINE DRIVE NE ST. PETERSBURG, FL 33703				
C	O NOT WRITE I	CE		o Chg-P C	R2E034 (10/03) Applied For Not Applicable	
840 SAND	I, JOHNATHAN M PINE DRIVE NE RSBURG, FL 33703	· · · · · · · · · · · · · · · · · · ·			OT WRI	
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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)* DATE						
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				00 May Be		
10.	OFFICERS AND DIRE	CTORS	***************************************		-	
NAME STREET ADDRESS CITY-ST-ZIP	STANTON, JOHNATHAN M 840 SANDPINE DR NE SAINT PETERSBURG, FL 33703	·		· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS CITY-ST-ZIP				05,	U00000346 /02/05-860	2479 26-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NO	OT WRI	TE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		!		-	· ·	· · - <u>-</u>
TITLE NAME STREET ADDRESS 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)(7), 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 truster appears 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 exist ess, with all other like empowered.						
SIGNAT	URE:	D NAME OF SIGNING OFFICER OR DIRECY	ÓŘ		ate	Dayline Phone #