## 2006 FOR PROFIT CORPORATION

## **FILED** May 01 2006 08:00 AM

8/3.251.7026
Dayline Prone 6

	ANTIVA	LREPORT				ANI DO.OO ANI
1. Entity Nam	MENT # P0200011	4774			Secreta	ary of State
Principal Plac 2011 W PLA TAMPA, FL	e of Business IT STREET 33606	Mailing Address 2011 W PLATT STREET TAMPA, FL 33606	-			
ם		E IN THIS SPA	ÇE	03082006 4. FEI Numbe NOT AF	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent YOUNG, ROY T III 2011 W PLATT STREET TAMPA, FL 33606			DO NOT WRITE IN THIS SPACE			
the obligat	named entity submits this statement fi ions of registered agent.	or the purpose of changing its registere	ad office or register	ed agent, or bo	th, in the State of Flo	rida. I am lamiliar with, and scoept
SIGNATURE.	Signature, typad or printed name of registered agen	t and bile il applicable (NOTE: Registere	Q Agent signature required	when remarking)	<del></del>	DATE
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campaign Finar Trust Fund Centribution,		00 May Be ed to Fees		
10.	OFFICERS AND	DOIRECTORS	1			
Title Name Shieli addhess City-St-IIP	CD YOUNG, THOMAS R 2011 W PLATT STREET TAMPA, FL 33606				Uonoons	545685
NAME STREET AOGRESS CHY-ST-2IP					05/11/06-{	545685 80086-019 150.00
THE NAME STREET ADDRESS CHY-SY-ZIP				DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SP	ACE
TITLE NAME STREET ACCITIESS CITY-ST-ZIP						
Title Rame Street address City-S1-Zip						
<ol> <li>12. I hereby of indicated of the corr changed.</li> </ol>	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address	h this filing does not qualify for the exe s true and accurate and that my signal lowered to execute this report as requir with all other like empowered.	mptions contained ure shall have the s ed by Chapter 607	in Chapter 119 ame legal effec Florida Statute	, Florida Statutes. I fit as if made under our s; and that my name	urther certify that the information ath, that I am an officer or director appears in Block 10 or Block 11 if
SIGNAT		PRINTED NAME OF SIGNING OFFICER OR DIRECT	ろ・17 DR	.00	813.251.10 Date	26 Daytime Phone #