## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000130721

Entity Name: TAB OF TAMPA, INC.

FILED Jul 13, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

17707 CRYSTAL COVE PLACE 17707 CRYSTAL COVE PLACE

LUTZ, FL 33584 LUTZ, FL 33548

**Current Mailing Address: New Mailing Address:** 

PO BOX 2079 LUTZ, FL 335482079

FEI Number: 32-0046725 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MALONE, TAMARA MALONE, TAMARA 17707 CRYSTAL COVE PLACE 17707 CRYSTAL COVE PLACE

LUTZ, FL 33584 LUTZ, FL 33548

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.

SIGNATURE: 07/13/2004

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: DPST (X) Change ( ) Addition

MALONE, TAMARA Name: Name: MALONE, TAMARA 17707 CRYSTAL COVE PLACE Address: 17707 CRYSTAL COVE PLACE Address:

City-St-Zip: LUTZ, FL 33584 City-St-Zip: LUTZ, FL 33548

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMARA MALONE **DPST** 07/13/2004

Electronic Signature of Signing Officer or Director

Date