


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90120 011 ***150.00

DOCUMENT # P03000041912	
1. Entity Name SUPPORT SYSTEMS OF TAMPA BAY, INC.	

Principal Place of Business 2868 WHISPERING DRIVE SOUTH LARGO, FL 33771	Mailing Address 2868 WHISPERING DRIVE SOUTH LARGO, FL 33771
---	---

2. Principal Place of Business 6142 Skylarkcrest Dr.	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lithia	City & State
Zip 33547	Country USA



01162005 Chg-P CR2E034 (10/03)

4. FEI Number 05-0562574	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FOSTER, MELISSA 2868 WHISPERING DRIVE SOUTH LARGO, FL 33771	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6142 Skylarkcrest Dr. City Lithia FL Zip Code 33547	

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: Melissa Foster President 3-30-05
(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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOSTER, MELISSA 2868 WHISPERING DRIVE SOUTH LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6142 Skylarkcrest Dr. Lithia, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOSTER, DUANE 2868 WHISPERING DRIVE SOUTH LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6142 Skylarkcrest Dr. Lithia, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOSTER, MARYJANE 7028 SOUTHWIND DRIVE HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OWEN, ELIZABETH 9480 HIGHGATE DRIVE #2112 SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Melissa Foster President 3-30-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #