

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000051561

1. Entity Name

TAMPA BAY SUNGLAZZ CO., INC.



Principal Place of Business

7129 N. 50TH STREET
TEMPLE TERRACE, FL 33617

Mailing Address

POST OFFICE BOX 290934
TEMPLE TERRACE, FL 33687-0934



04302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1550840

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PSD
NIBLACK, SHARONN C
7129 N. 50TH STREET
TEMPLE TERRACE, FL 33617

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VT
MCGANNON, MARK C
28812 CREEKWOOD DR.
WESLEY CHAPEL, FL 33544

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

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CITY- ST- ZIP

U00000561047
05/18/06-20065-007 150.00

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharonn C Niblack SHARONN C NIBLACK 4/30/06 8333381