

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055491

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: TAMPA FINANCIAL GROUP, INC.

## Current Principal Place of Business:

2203 N. LOIS AVE.  
9TH FLOOR  
TAMPA, FL 33607

## New Principal Place of Business:

## Current Mailing Address:

2203 N. LOIS AVE  
9TH FLOOR  
TAMPA, FL 33607

## New Mailing Address:

2203 N. LOIS AVE.  
9TH FLOOR  
TAMPA, FL 33607

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WADE, BRIAN L  
18869 MAISONS DR  
LUTZ, FL 33558 US

## Name and Address of New Registered Agent:

WADE, BRIAN L  
520 S. ARMENIA AVENUE  
#1229B  
TAMPA, FL 33609 US

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: BRIAN L. WADE

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WADE, BRIAN L CSA  
Address: 1889 MAISONS DR.  
City-St-Zip: LUTZ, FL 33558 US

Title: VP ( ) Delete  
Name: MEHLTRETTER, MATTHEW K CSA  
Address: 6300 23RD AVENUE N.  
City-St-Zip: ST. PETERSBURG, FL 33710 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WADE, BRIAN L CSA  
Address: 520 S. ARMENIA AVENUE, #1229B  
City-St-Zip: TAMPA, FL 33609 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Statutes. 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: MATTHEW K. MEHLTRETTER

VP

04/27/2005

Electronic Signature of Signing Officer or Director

Date