

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90005 013 \*\*\*158.75

**DOCUMENT # P03000075622**

1. Entity Name  
**TAMPA BAY REAL ESTATE MANAGEMENT CORP.**



Principal Place of Business  
**4110 W SWANN AVE  
TAMPA, FL 33609**

Mailing Address  
**P O BOX 10696  
TAMPA, FL 33679-0696**

**44050788**



2. Principal Place of Business  
**6605 Thackston Dr.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07152004

Chg-P

CR2E034 (10/03)

City & State  
**Riverview, FL**

City & State

4. FEI Number **11-3696666**

Applied For  
Not Applicable

Zip **33569** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEYTON, M.  
4110 W SWANN AVE  
TAMPA, FL 33609**

Name **Peyton, M.**

Street Address (P.O. Box Number is Not Acceptable)

**6605 Thackston Dr.**

City **Riverview**

**FL**

Zip Code **33569**

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

*OM Regs*

**7-27-04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **PETON, M**  
STREET ADDRESS **P O BOX 10696**  
CITY-ST-ZIP **TAMPA, FL 336790696**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME **Peyton, M.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature shall be that of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., or on an attachment with an address, with all other like empowered.

Information  
director  
lock 11 if

SIGNATURE

*Much Regs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-27-04**