

2006 FOR PROFIT CORPORATION ANNUAL REPORT

01-23-2006 90104016 ***150.00
P03000077554

FILED

06 JAN 30 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000077554			
1. Entity Name TAMPA BAY CAPITAL DEVELOPERS INC. <i>* CAPITAL</i>			
Principal Place of Business 979 LANDMARK CIR S SAINT PETERSBURG, FL 33715		Mailing Address 979 LANDMARK CIR S SAINT PETERSBURG, FL 33715	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0149769		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, PAUL 979 LANDMARK CIR S TIERRA VERDE, FL 33715		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 CHANIAN, JAMES 3265 MAPLE ST NE SAINT PETERSBURG, FL 33704 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT CHANIAN, JIM 979 LANDMARK CIR S TIERRA VERDE, FL 33715 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT Lee, Paul 979 Landmark Cir S Tierra Verde, FL 33715 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEE, PAUL 429 4TH AVE NORTH TIERRA VERDE, FL 33715 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: <i>[Signature]</i>		1-6-6 727 433-0855	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	