

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000106022

1. Entity Name
AUTOMATED BUSINESS MACHINES OF TAMPA BAY,
INC.



Principal Place of Business
7325 10TH ST N
SAINT PETERSBURG, FL 33702

Mailing Address
7325 10TH ST N
SAINT PETERSBURG, FL 33702



03222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1187373

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIES, ROBERT M
7325 10TH ST N
SAINT PETERSBURG, FL 33702

**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 reinstating)

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 PD
NAME DAVIES, ROBERT M
STREET ADDRESS 7325-10TH ST. NORTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33702

TITLE STD
NAME DAVIES, KRISTIE L
STREET ADDRESS 7325-10TH ST. NORTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33702

TITLE
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STREET ADDRESS
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1100000512438
04/29/06-80090-005 150.00

**DO NOT WRITE
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: Robert M. Davis ROBERT M. DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-2006 727-567-6142

Date

Daytime Phone #