

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000106572

1. Entity Name
TAMPA BAY AREA DEVELOPMENT ASSOCIATION, INC.



Principal Place of Business
7019 CENTRAL AVE
ST PETERSBURG, FL 33710-7559

Mailing Address
7019 CENTRAL AVE
ST PETERSBURG, FL 33710-7559



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1710730

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOY, ELIZABETH
7019 CENTRAL AVE
ST PETERSBURG, FL 33710-7559

**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 P
NAME JOY, ELIZABETH
STREET ADDRESS 7019 CENTRAL AVE
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE S
NAME JOY, DANNY
STREET ADDRESS 7019 CENTRAL AVE
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE VP
NAME RAISCH, MICHAEL
STREET ADDRESS 7019 CENTRAL AVE
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000558132
05/17/06-80123-024 150.00

**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: *[Signature]* *[Signature]* 4-26-06 341100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #