

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000156192

Entity Name: TAMPA MINT, INC.

FILED  
Apr 04, 2005  
Secretary of State

## Current Principal Place of Business:

6960 BONNEVAL ROAD STE 102  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

## Current Mailing Address:

6960 BONNEVAL ROAD STE 102  
JACKSONVILLE, FL 32202

## New Mailing Address:

FEI Number: 20-0543706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FLYNN, BRIAN D  
Address: 13835 TORTUGA POINT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: HEALEY, JAMES M  
Address: 1 STREET  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete  
Name: MCCAFFREY, BRIAN E  
Address: 6960 BONNEVAL ROAD STE 102  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D ( ) Change (X) Addition  
Name: HOPKINS, STEVE  
Address: 6960 BONNEVAL ROAD STE 102  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Change (X) Addition  
Name: WEAVER, LEE  
Address: 6960 BONNEVAL ROAD STE 102  
City-St-Zip: JACKSONVILLE, FL 32216

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: BRIAN D. FLYNN

D

04/04/2005

Electronic Signature of Signing Officer or Director

Date