

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000127659**

1. Entity Name  
**TAMPA NETWORK MANAGEMENT SYSTEMS, INC.**



Principal Place of Business  
**40 BAHAMA CIRCLE**  
**TAMPA, FL 33606 US**

Mailing Address  
**40 BAHAMA CIRCLE**  
**TAMPA, FL 33606 US**

**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3453588**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCLIMANS, JANE**  
**40 BAHAMA CIRCLE**  
**TAMPA, FL 33606**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P MCCLIMANS, JANE 40 BAHAMA CIRCLE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000787201  
 01/17/08-80070-013 150.00

**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: *J. McClimans* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: Jan 15, 2008 813-258-2226  
 Daytime Phone #