2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000002597

1. Entity Name
BOUNCE-A-ROUND OF TAMPA INC.

Principal Place of Business	Mailing Address
2746 VALENCIA GROVE VALRICO, FL 33594 US	2746 VALENCIA GROVE VALRICO, FL 33594 US

03022007   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
27-0113574	Not Applicable

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

6. Name and Address of Current Registered Agent

GRIFFIN, SANDRA
1006 CORNWALL CT.
BRANDON, FL 33510

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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, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS	
TITLE	D,P	
NAME	ROSCOE, SUSAN	
STREET ADDRESS	2746 VALENCIA GROVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D,VP	
NAME	ROSCOE, RONALD M	
STREET ADDRESS	2746 VALENCIA GROVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE		
NAME		
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CITY-ST-ZIP		

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03/23/07-80061-006 150.00

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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: _Susan Roscoe_ Susan Roscoe   3-11-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #