

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90397 048 ***150.00

DOCUMENT # P05000024029

1. Entity Name
TABCOTAMPA, INC.



Principal Place of Business

**6315 ANDERSON ROAD
TAMPA, FL 33634**

Mailing Address

**6315 ANDERSON ROAD
TAMPA, FL 33634**

2. Principal Place of Business

4011 W. SOUTH AVE

3. Mailing Address

4011 W. SOUTH AVE

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33614 Hillsborough

Country

Hillsborough

Zip

33614

Country

Hillsborough

04032006

Chg-P

CR2E034 (11/05)

4. FFL Number

51-8535254

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, JOHN P
6315 ANDERSON ROAD
TAMPA, FL 33634**

7. Name and Address of New Registered Agent

Name **TAYLOR, John P.**
Street Address (P.O. Box Number is Not Acceptable)
4011 W. SOUTH AVE
SUITE B
City **TAMPA** FL **33614**

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 **John P. Taylor, PRES**

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

(NOTE: Registered Agent signature required when reinstating)

4-3-06

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 NAME STREET ADDRESS CITY-ST-ZIP	PRES TAYLOR, JOHN P 6315 ANDERSON ROAD TAMPA, FL 33634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, ROBERT 6315 ANDERSON ROAD TAMPA, FL 33634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. TAYLOR, JOHN P. 4011 W. SOUTH AVE, SUITE B TAMPA, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, ROBERT 4011 W. SOUTH AVE, SUITE B TAMPA, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

TAYLOR John P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-06 813-600-3729