

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036590

Entity Name: BSB OF TAMPA, INC.

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

1911 U.S. HIGHWAY 301 NORTH, SUITE 450
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

1911 U.S. HIGHWAY 301 NORTH, SUITE 450
TAMPA, FL 33619

New Mailing Address:

FEI Number: 20-2521696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLCOMB, VICTOR W
201 N. ARMENIA AVENUE
TAMPA, FL 33609 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: HARPER, BILL
Address: 1911 U.S. HIGHWAY 301 NORTH, SUITE 450
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: LIESS, BO
Address: 1911 U.S. HIGHWAY 301 NORTH, SUITE 450
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: HARPER, STEVEN
Address: 1911 U.S. HIGHWAY 301 NORTH, SUITE 450
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HARPER, WILLIAM
Address: 1911 U.S. HIGHWAY 301 NORTH, SUITE 450
City-St-Zip: TAMPA, FL 33619

Title: D (X) Change () Addition
Name: LIESS, ROBERT
Address: 1911 U.S. HIGHWAY 301 NORTH, SUITE 450
City-St-Zip: TAMPA, FL 33619

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBERT LIESS

D

04/12/2007

Electronic Signature of Signing Officer or Director

Date