


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P05000061857 1. Entity Name H AND T ENTERPRISES OF TAMPA, INC. |  |
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|---------------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business 4524 WEST KENNEDY BLVD. TAMPA, FL 33609 | Mailing Address 4524 WEST KENNEDY BLVD. TAMPA, FL 33609 |
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DO NOT WRITE IN THIS SPACE



04152007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 43-2081705 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BURR, LINDA
1311 N. CHURCH AVENUE
TAMPA, FL 33607

**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) DATE: _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

| | |
|----------------------------------------------------|---------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D/P BURR, LINDA 2452 ENTERPRISE ROAD, #2006 CLEARWATER, FL 33763 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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05/04/07-80011-018 150.00

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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:  **LINDA BURR, PRES.** 4-16-07 813-876-8320

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