


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90008 028 ***150.00

DOCUMENT # P05000131482 1. Entity Name PROBATE LIQUIDATOR OF TAMPA BAY, INC			
Principal Place of Business 7139 SEWARD DR. PORT RICHEY, FL 34668		Mailing Address 7139 SEWARD DR. PORT RICHEY, FL 34668	
2. Principal Place of Business - No P.O. Box # 4117 GARDNER DR		3. Mailing Address PO Box 7478	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State PORT CHARLOTTE FL		City & State NORTH PORT, FL	
Zip 33952		Zip 34290	
Country USA		Country USA	
4. FEI Number APPLIED FOR 68-0654227		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISH, CHERI 7139 SEWARD DR. PORT RICHEY, FL 34668		7. Name and Address of New Registered Agent Name CHERI FISH Street Address (P.O. Box Number is Not Acceptable) 4117 GARDNER DR City PORT CHARLOTTE FL Zip Code 33952	
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 <u><i>Cheri Fish</i></u> <u><i>Cheri Fish</i></u> <u><i>9/1/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME FISH, MARK	TITLE P	NAME MARK FISH
STREET ADDRESS 7139 SEWARD DR.	CITY-ST-ZIP PORT RICHEY, FL 34668	STREET ADDRESS 4117 GARDNER DR	CITY-ST-ZIP PORT CHARLOTTE, FL 33952
TITLE V	NAME FISH, CHERI	TITLE V	NAME CHERI FISH
STREET ADDRESS 7139 SEWARD DR.	CITY-ST-ZIP PORT RICHEY, FL 34668	STREET ADDRESS 4117 GARDNER DR	CITY-ST-ZIP PORT CHARLOTTE, FL 33952
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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: <u><i>Mark Fish</i></u> <u><i>MARK FISH</i></u>		Date <u><i>9/1/07</i></u> Daytime Phone # <u><i>941-613-6779</i></u>	