


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**


05-07-2007 90066 001 \*\*\*550.00

DOCUMENT # P06000019650 1. Entity Name BUSINESS VENTURES OF TAMPA BAY, INC.	
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Principal Place of Business 13367 NORTH 56TH STREET TAMPA, FL 33617	Mailing Address 13367 NORTH 56TH STREET TAMPA, FL 33617
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2. Principal Place of Business - No P.O. Box # 565 S Hercules Ave Suite, Apt. #, etc.	3. Mailing Address 565 S Hercules Ave Suite, Apt. #, etc.
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City & State Clearwater, FL Zip 33764 Country USA	City & State Clearwater FL Zip 33764 Country USA
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04212007 Chg-P CR2E034 (12/06)

4. FEI Number 204291902	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 LAWSON, LARRY 13367 NORTH 56TH STREET TAMPA, FL 33617	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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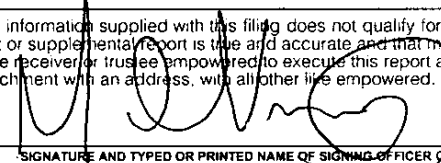
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, LARRY 13367 NORTH 56TH STREET TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGO, MICHAEL 13367 NORTH 56TH STREET TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, MARVIN 13367 NORTH 56TH STREET TAMPA, FL 33617 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 life empowered.

**SIGNATURE:**  **DATE:** 5/30/07 **Daytime Phone #** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR