2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000019650

Entity Name: BUSINESS VENTURES OF TAMPA BAY, INC.

FILED Feb 27, 2008 Secretary of State

•			,			
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
	RCULES AVE. ATER, FL 3376	64				
Current Mailing Address:			New Mailing Address:			
	RCULES AVE. ATER, FL 3376	\$4				
FEI Number:	20-4291902	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
LAWSON, LARRY 13367 NORTH 56TH STREET TAMPA, FL 33617 US			565 S. HE	LAWSON, LARRY F 565 S. HERCULES AVE. CLEARWATER, FL 33764 US		
	named entity s e of Florida.	submits this statement for the p	urpose of changing	its registered	d office or registered agent, or both,	
SIGNATURE: LARRY F LAWSON				02/27/2008		
	Electron	ic Signature of Registered Age	nt		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D () LAWSON, LARF 13367 NORTH (TAMPA, FL 336	56TH STREET	Title: Name: Address: City-St-Zip:	LAWSON, LA 565 S. HERO		
Title: Name: Address: City-St-Zip:	D () VARGO, MICHA 13367 NORTH 5 TAMPA, FL 336	56TH STREET	Title: Name: Address: City-St-Zip:	VARGO, MIC 565 S. HERC		
Title: Name: Address: City-St-Zip:	D () Delete BAKER, MARVIN 13367 NORTH 56TH STREET TAMPA, FL 33617		Title: Name: Address: City-St-Zip:	D (X) Change () Addition BAKER, MARVIN 13367 NORTH 56TH STREET TAMPA, FL 33617 US		
Title: Name: Address: City-St-Zip:	D () FLEMING, JASO 13367 NORTH S TAMPA, FL 336	56TH STREET	Title: Name: Address: City-St-Zip:	FLEMING, J	TH 56TH STREET	
Title: Name: Address:	()	Delete	Title: Name: Address:	D BALLARD, M		

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip: CLEARWATER, FL 33764 US

SIGNATURE: LARRY F LAWSON D 02/27/2008

City-St-Zip: