## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P06000019650

Title:

Name:

Address: City-St-Zip:

FILED Mar 19, 2008 Secretary of State

Entity Name: BUSINESS VENTURES OF TAMPA BAY, INC. **Current Principal Place of Business: New Principal Place of Business:** 565 S. HERCULES AVE. CLEARWATER, FL 33764 **Current Mailing Address: New Mailing Address:** 565 S. HERCULES AVE CLEARWATER, FL 33764 FEI Number: 20-4291902 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAWSON, LARRY F 565 S. HÉRCULES AVE. US CLEARWATER, FL 33764 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition LAWSON, LARRY F Name: Name: 565 S. HERCULES AVE. Address: Address: City-St-Zip: CLEARWATER, FL 33764 US City-St-Zip: (X) Delete Title: Title: () Change () Addition Name: VARGO, MICHAEL Name: 565 S. HERCULES AVE. Address: Address: CLEARWATER, FL 33764 US City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition BAKER, MARVIN Name: Name: 13367 NORTH 56TH STREET Address: Address: City-St-Zip: TAMPA, FL 33617 US City-St-Zip: Title: (X) Delete Title: () Change () Addition FLEMING, JASON Name: Name: Address: 13367 NORTH 56TH STREET Address: City-St-Zip: TAMPA, FL 33617 US City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LARRY F LAWSON D 03/19/2008

(X) Delete

BALLARD, MARK S

565 S. HERCULES AVE.

CLEARWATER, FL 33764 US

() Change () Addition