

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90038 001 \*\*\*150.00

<b>DOCUMENT # P06000024423</b>	
1. Entity Name: <b>MANDALAY TAMPA BAY CORPORATION</b>	



Principal Place of Business <b>8834 NORTH 56TH STREET TAMPA FL 33617 US</b>	Mailing Address <b>8834 NORTH 56TH STREET TAMPA FL 33617 US</b>
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2. Principal Place of Business - No P.O. Box # <b>644 MANDALAY AVE 18007 CRAWLEY RD</b> Suite, Apt. #, etc. <b>CLIAWATER</b> City & State <b>FLORIDA</b> Zip <b>33767</b> Country <b>USA</b>	3. Mailing Address <b>18007 CRAWLEY RD</b> Suite, Apt. #, etc. <b>ODessa</b> City & State <b>FL</b> Zip <b>33506</b> Country <b>USA</b>
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2nd MOORE CR2E034 (4/07)

4. FEI Number <b>20-4348744</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>FELKER, ALAN R 8834 NORTH 56TH STREET TAMPA FL FL</b>		7. Name and Address of New Registered Agent Name <b>FELKER, ALAN R</b> Street Address (P.O. Box Number is Not Acceptable) <b>18007 CRAWLEY RD.</b> City <b>ODessa</b> FL Zip <b>33506</b>

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 *Alan R. Felker* **ALAN R. FELKER** 7/15/07  
Signature, typed or printed name of registered agent (not applicable) (NOTE: Registered Agent signature required when consolidating) (DATE)

<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State</b>	S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FELKER, ALAN R</b>		NAME	
STREET ADDRESS <b>8834 NORTH 56TH STREET</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL 33617</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FELKER, BARRY</b>		NAME	
STREET ADDRESS <b>19 SOUTHWOOD COURT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CHERRY HILL NJ 08003</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Alan R. Felker* **ALAN FELKER** 7/15/07 813-417-1248  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #