2007 FOR PROFIT CORPORATION ANNUAL REPORT

03-15-2007 90018 040 ***150.00 DOCUMENT # P06000040623 J & E ENTERPRISES OF TAMPA BAY, INC. Principal Place of Business Mailing Address 180 E. DOUGLAS RD. 40000 180 E. DOUGLAS RD. OLDSMAR, FL 34677 OLDSMAR, FL 34677 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4536384 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. typied or preside name of registered agent and title 4 apparable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. D Delete TITLE ☐ Change ☐ Addition KEANE, EDWARD J NAME NUMB 180 E. DOUGLAS RD. STREET ADDRESS STREET ADDRESS CITY-S1-ZIP OLDSMAR, FL 34677 CITY-ST-ZIP ☐ Delete mu ☐ Change ☐ Addition KAVULA, JOHN S NAME HAME 180 E. DOUGLAS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-Z-P Delete mu Change ☐ Addition NAME VAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIF TITLE Oelete ME ☐ Change Addition NAME MALIE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP Delete TITLE MILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZP CITY - ST-ZIP TITLE ☐ Celete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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:

FILED

Secretary of State

Mar 30, 2007 8:00 am