## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000040832

Entity Name: NEW TAMPA PATRIOTS, INC.

**FILED** Feb 11, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

P.O. BOX 46716 16020 PENWOOD DRIVE TAMPA, FL 33647 US TAMPA, FL 33647

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 46716 16020 PENWOOD DRIVE TAMPA, FL 33647 US TAMPA, FL 33647 US

FEI Number: 02-0775474 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC. JOHN ARMATAS 16020 PENWOOD DRIVE 92 SADBERRY ROAD QUINCY, FL 32351 TAMPA, FL 33647

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: JOHN ARMATAS 02/11/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Address:

Title: **PRFS** 

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DDVP ( ) Delete (X) Change ( ) Addition Name: ARMATAS, JOHN Name: ARMATAS, JOHN P.O. BOX 46716 16020 PENWOOD DRIVE Address: Address: City-St-Zip: TAMPA, FL 33647 US City-St-Zip: TAMPA, FL 33647 US

Title: EDP Title: (X) Change ( ) Addition () Delete DIR FOX, SHAWN C FOX, SHAWN C Name: Name:

P.O. BOX 46716 P.O. BOX 46716 Address: Address: TAMPA, FL 33647 US TAMPA, FL 33647 US City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition Name:

ARMATAS, COREEN Name: P.O. BOX 46716 Address: City-St-Zip: TAMPA, FL 33647 US City-St-Zip:

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

SIGNATURE: JOHN ARMATAS **PRES** 02/11/2007