

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000080131

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: TAMPA BAY ANALYTICAL RESEARCH, INC.

**Current Principal Place of Business:**

P. O. BOX 931  
SAFETY HARBOR, FL 346950932

**New Principal Place of Business:**

10810 72ND ST  
206  
LARGO, FL 33777

**Current Mailing Address:**

P. O. BOX 931  
SAFETY HARBOR, FL 346950932

**New Mailing Address:**

FEI Number: 20-5023159      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROMAN, MARK  
36 HARBOR OAKS SAFETY HARBOR  
SAFETY HARBOR, FL 34695 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROMAN, MARK C PH.D.  
Address: 36 HARBOR OAKS CIRCLE  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: T ( ) Delete  
Name: ROMAN, MARK C PH.D.  
Address: 36 HARBOR OAKS CIRCLE  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: S ( ) Delete  
Name: ROMAN, MARK C PH.D.  
Address: 36 HARBOR OAKS CIRCLE  
City-St-Zip: SAFETY HARBOR, FL 34695 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: MARK ROMAN

P

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date