

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000115178

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: PERMIT SERVICES OF TAMPA BAY, INC.

**Current Principal Place of Business:**

17128 DOWNS DRIVE  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

17128 DOWNS DRIVE  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number: 20-8563542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ELLROD, MATTHEW D  
6642 ROWAN ROAD  
NEW PORT RICHEY, FL 34653 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: D ( ) Delete  
Name: WATSON, CRAIG  
Address: 17128 DOWNS DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: WATSON, MONICA  
Address: 17128 DOWNS DRIVE  
City-St-Zip: ODESSA, FL 33556

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

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: MONICA WATSON

D

04/28/2008

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

\_\_\_\_\_  
Date