

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90049 021 \*\*\*150.00

DOCUMENT # P06000117090

1. Entity Name

ULTIMATE APPEARANCE OF TAMPA BAY, INC.



Principal Place of Business

~~3314 HENDERSON BLVD  
100  
TAMPA FL 33609  
US~~

Mailing Address

~~PO BOX 419  
TAMPA FL 33601  
US~~



2. Principal Place of Business - No P.O. Box #

3811 E. Columbus DR.

Suite, Apt. #, etc.

3. Mailing Address

3811 E. Columbus DR.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

20-5568034

Applied For

Not Applicable

Zip

33605

Country

USA

Zip

33605

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~SWINEHART, LELAND L  
114 BALTIC CIRCLE  
TAMPA FL 33606~~

7. Name and Address of New Registered Agent

Name KENT, RAYMOND D.

Street Address (P.O. Box Number is Not Acceptable)  
3811 E. Columbus DR.

City TAMPA

FL

Zip Code

33605

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reappointing)

DATE

4-3-07

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DIR ☒ Delete  
NAME SWINEHART, LELAND L  
STREET ADDRESS 3314 HENDERSON BLVD #100  
CITY ST-ZIP TAMPA FL 33609

TITLE PD/D ☐ Delete  
NAME KENT, RAYMOND  
STREET ADDRESS 3314 HENDERSON BLVD  
CITY ST-ZIP TAMPA FL 33609

TITLE V/S/D ☐ Delete  
NAME KENT, KIMBERLY  
STREET ADDRESS 3811 E. COLUMBUS DR.  
CITY ST-ZIP TAMPA FL 33605

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond D. Kent

4-3-07 (813)478-9691

Date

Daytime Phone #