


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2005 08:00 AM
Secretary of State**

DOCUMENT # P07117 1. Entity Name TAMPA BULK SERVICES, INC.	
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Principal Place of Business 6101 PT TAMPA DR TAMPA, FL 33616 US	Mailing Address PO BOX 19248 TAMPA, FL 33686 US
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2569814	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

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IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

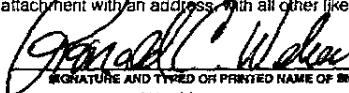
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZARDZIG, MICHAEL 8000 NORMAN CENTER DR SUITE 630 MINNEAPOLIS, MN 55437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD HINKEL, JEAN-DENIS 8000 NORMAN CTR DRIVE SUITE 630 MINNEAPOLIS, MN 55437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBER, RONALD 6101 PORT TAMPA DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPER, STEVEN 6101 PORT TAMPA DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/31/05-80024-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:



Ronald C. Weber

1/26/05

(813) 837-0192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #