


6116
**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90045 004 ***150.00

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



01232007 No Chg-P CR2E034 (11/05)

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

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

**DO NOT WRITE
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 Ronald C. Weber Ronald C. Weber 2/14/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when changing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 CNTR DR, STE 1160 MINNEAPOLIS, MN 55437
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD JEAN-DENIS, HINKEL 8000 NORMAN CNTR DR, STE 1160 MINNEAPOLIS, MN 55437
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBER, RONALD 6101 PORT TAMPA DR TAMPA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPER, STEVEN 6101 PORT TAMPA DRIVE TAMPA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAHN, ANTHONY C 8000 NORMAN CNTR DR, STE 1160 MINNEAPOLIS, MN 55437
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Ronald C. Weber 2/14/07 (813)837-0192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #