

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000088521

1. Entity Name
520 TAMPA, INC.



Principal Place of Business

**110 E. MADISON ST.
SUITE 200
TAMPA, FL 33602**

Mailing Address

**110 E. MADISON ST.
SUITE 200
TAMPA, FL 33602**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3223712

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RIEDEL, HARLEY E
110 E. MADISON ST.
SUITE 200
TAMPA, FL 33602**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	RIEDEL, HARLEY E
STREET ADDRESS	110 E. MADISON ST. STE 200
CITY-STATE-ZIP	TAMPA, FL 33602
TITLE	DVPS
NAME	STICHTER, DON M
STREET ADDRESS	110 E MADISON STREET, SUITE 200
CITY-STATE-ZIP	TAMPA, FL 33602
TITLE	DVP
NAME	BLAIN, RUSSELL M
STREET ADDRESS	110 E MADISON STREET, S-200
CITY-STATE-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/13/06-80009-024 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06

Date

813/229-0144

Daytime Phone #