2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000607

Name:

Address: City-St-Zip:

Entity Name: S & B ENTERPRISES OF TAMPA, INC.

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6813 E HILLSBOROUGH AVE TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** PO BOX 292743 TEMPLE TERRACE, FL 33687 US FEI Number: 59-3213101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAWKE, STEPHEN A 10903 THERESA ARBOR DR TAMPA, FL 33617 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MULKEY, ARTHUR D PRESIDE Name: Name: 523 TERRACE HILL DR. Address: Address: City-St-Zip: TEMPLE TERRACE, FL City-St-Zip: Title: Title: () Delete () Change () Addition HAWKE, BRIAN H SECRETA Name: Name: 11504 ORILLA DEL RIO PL Address: Address: TEMPLE TERRACE, FL 33617 US City-St-Zip: City-St-Zip: () Delete Title: Title: VP D () Change () Addition HAWKE, STEPHEN A VICE PR Name: Name: 10903 THERESA ARBOR DR Address: Address: City-St-Zip: TEMPLE TERRACE, FL 33617 City-St-Zip: Title: VP D () Delete Title: () Change () Addition WILSON, ROBERT A VICE PR Name: Name: Address: 11110 RICHLYNE ST Address: City-St-Zip: TEMPLE TERRACE, FL 33617 City-St-Zip: Title: Title: () Delete TREA () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

REID, PHILLIP A TREAS

11508 ROBLES DEL RIO PL

TEMPLE TERRACE, FL 33617

SIGNATURE: PHILLIP A. REID TREA 01/08/2008