

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000049345

Entity Name: TAMPA BAY COMMUNICATIONS SUPPLY, INC.

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

5408-B NORTH 59TH STREET  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

5408-B NORTH 59TH STREET  
TAMPA, FL 33610

**New Mailing Address:**

FEI Number: 59-3253421      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCDERMOTT, MICHAEL P.A.  
791 W LUMSDEN AVE  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LAMBERT III, WILLIAM M PRES  
Address: 2540 LAURELWOOD LANE  
City-St-Zip: VALRICO, FL 33594 US

Title: O ( ) Delete  
Name: SMITH, JULIE R VP  
Address: 12712 BALM RIVER ROAD  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: O ( ) Delete  
Name: HEIDTMAN, SANDRA L SEC  
Address: 5604 WILLIAM GRANT WAY APT. 102  
City-St-Zip: TAMPA, FL 33610 US

Title: O ( ) Delete  
Name: HICKS, CHRISTY M TREAS  
Address: 6209 KITERIDGE DRIVE  
City-St-Zip: LITHIA, FL 33547 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LAMBERT III, WILLIAM M PRES  
Address: 2540 LAURELWOOD LANE  
City-St-Zip: VALRICO, FL 33596 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: CHRISTY HICKS

O

05/01/2008

Electronic Signature of Signing Officer or Director

Date